

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC 22 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000091020

1. Limited Liability Company's Name

DAVID ALLRED, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 3054 SPRING CREEK HWY.		3. Mailing Office Address 3054 SPRING CREEK HWY.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CRAWFORDVILLE, FL		City & State CRAWFORDVILLE, FL	
Zip 32327	Country US	Zip 32327	Country US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 9/18/06

6. FEI Number N/A ☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
DAVID ALLRED

Street Address (P.O. Box Number is Not Acceptable)
3054 SPRING CREEK HWY.

Suite, Apt. #, Etc.

City
CRAWFORDVILLE

State
FL

Zip Code
32327

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

David Allred

REGISTERED AGENT MUST SIGN

Date Dec. 22, 08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DAVID ALLRED	3054 SPRING CREEK HWY.	CRAWFORDVILLE, FL 32327

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REINSTATEMENT 07-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

David Allred

Date Dec 22, 08 Daytime Phone # 509-1855

Typed or printed name of signing Managing Member/Manager