

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

16 FEB 23 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000094125

1. Limited Liability Company's Name

TROTTER'S DOWNFALL CAMP, LLC

2. Principal Office Address - No P.O. Box #

5434 S. ALICE POINT

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL

Zip

34446

Country

USA

3. Mailing Office Address

5434 S. ALICE POINT

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL

Zip

34446

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

09/25/2006

6. FEI Number

51-0604428

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

Keith R. Taylor, Esq.

Street Address (P.O. Box Number is Not Acceptable) Suite,

1143 N. Lyle Ave.

Apt. #, Etc.

City

Crystal River

State

FL

Zip Code

34429

600282532966  
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Date

2/4/16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	YOST, MARGARET	5434 S. ALICE POINT	HOMOSASSA, FL 34446

11. E-mail Address: myost2@tampabay.rr.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

2/4/16

Daytime Phone #

352-628-4701

Typed or printed name of signing authorized representative/member

Margaret Yost