

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 DEC 31 AM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name **DOCUMENT # L06000095287**

MEYER EXCAVATING LLC

CR2E041 (1/11)

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

3921 COLERIDGE PL

3. Mailing Office Address

3921 COLERIDGE PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34241

Country

US

Zip

34241

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

9/28/2006

6. FEI Number

753221984

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

LEONARD G MEYER

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

3921 COLERIDGE PL

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34241

E-mail Address:

**500243168335
12/31/12--01031--018 **377.50**

LENNYM32@GMAIL.COM

(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date **12-27-2012**

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
MGR	LEONARD G MEYER	3921 COLERIDGE PL	SARASOTA FL 34241

REINSTATEMENT

11-13

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. 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 Managing
Member/Manager

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

(941) 650-5099

12-27-2012

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