

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000108689

1. Limited Liability Company's Name

**MAYR FAMILY LLC**

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

2033 Main Street

3. Mailing Office Address

2033 Main Street

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

Sarasota

City & State

Sarasota

Zip

FL

Country

34237

Zip

FL

Country

34237

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/09/2006

6. FEI Number

20-5860024

☐ 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

Troy H. Myers, Jr.

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

2033 Main Street

Suite, Apt. #, Etc.

Suite 600

City

Sarasota

State

FL

Zip Code

34237

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 06/17/10

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	Troy H. Myers, Jr.	2033 Main St., Ste 600	Sarasota, FL 34237
MGR	Christian M. Mayr	786 S. Orange Ave.	Sarasota, FL 34236

11. E-mail Address: holly@overseas.de

(To be used for future annual report notifications)

12. 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 608.408, 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

Date 06/02/2010 Daytime Phone # 941-953-8110

Typed or printed name of signing Managing Member/Manager Troy H. Myers, Jr.

FILED

10 JUN 22 PM 1:55

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

200181958572  
06/10/10--01034--005 \*\*476.25  
CR2E041 (05/10)

200181958572  
06/21/10--01059--018 \*\*100.00

**REINSTATEMENT 2008-2010** *nc 6/23/10*