

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 25 PM 3:12

DOCUMENT # L06000121200

1. Limited Liability Company's Name

Kauffman Consulting LLC

400142274054
01/28/09--01022--003 **416.25

CR2E041 (10/08)

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

3604 7th Ave N

Suite, Apt. #, etc.

3. Mailing Office Address

25551 Donegal Dr

Suite, Apt. #, etc.

City & State

Saint Petersburg, FL

Zip

33713

Country
US

City & State

South Riding, VA

Zip

20152

Country

U.S

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

12/21/2006

6. FEI Number

223950169

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

Sherry Kauffman

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

3604 7th Ave N

Suite, Apt. #, Etc.

Saint Petersburg

State

FL

Zip Code

33713

☒ 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

Sherry Kauffman

REGISTERED AGENT MUST SIGN

Date 1/20/09

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
<u>mgr</u>	<u>Mrs Sherry Kauffman - mgr</u>	<u>25551 Donegal Dr</u>	<u>South Riding VA 20152</u>
<u>mgr</u>	<u>Mr. John Kauffman - mgr</u>	<u>" Same "</u>	<u>" "</u>
<u>mgr</u>	<u>Mr. Michael Kingston</u>	<u>P.O. Box 334 K</u>	<u>Neodesha, KS 66757</u>

REINSTATEMENT 2007-2009

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

Sherry Kauffman

Date 1/20/09

Daytime Phone # 703-995-7967

Typed or printed name of signing Managing Member/Manager

Sherry L. Kauffman

R. Hampton MAR 25 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 MAR 24 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 12, 2009

KAUFFMAN CONSULTING LLC
25551 DONEGAL DR
SOUTH RIDING, VA 20152

SUBJECT: KAUFFMAN CONSULTING LLC
Ref. Number: L06000121200

We have received your document for KAUFFMAN CONSULTING LLC and your check(s) totaling \$416.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form. MRS and MR are not proper titles.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 209A00008486



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 MAR 11 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 5, 2009

KAUFFMAN CONSULTING LLC
25551 DONEGAL DR
SOUTH RIDING, VA 20152

SUBJECT: KAUFFMAN CONSULTING LLC
Ref. Number: L06000121200

We have received your document for KAUFFMAN CONSULTING LLC and your check(s) totaling \$416.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00004191