

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

J. HORNE  
NOV 25 2024

DOCUMENT # L07000006488

1. Limited Liability Company's Name

Big Country LLC

900438917139  
10/31/24--01028--001 \*\*2042.50

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

1418 NW 15th Ave.

Suite, Apt. #, etc.

City & State

Chiefland, FL

Zip  
32626

Country

USA

3. Mailing Office Address

1418 NW 15th Ave.

Suite, Apt. #, etc.

City & State

Chiefland, FL

Zip

32626

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

January 17, 2007

6. FEI Number

20-8367782

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

Amy Adams-Brodahl

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

1418 NW 15th Ave.

Apt. #, Etc.

City

Chiefland

State

FL

Zip Code

32626

2024 OCT 31 AM 10:02  
FILED

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

Amy Adams-Brodahl

Date

10/18/24

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

11. E-mail Address: amybrodahl@gmail.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

Amy Adams-Brodahl

Date

10/18/24

Daytime Phone #

352-204-7095

Typed or printed name of signing authorized representative/member

Amy Adams-Brodahl