

2012 APR 24 AM 8:36

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000231330440  
04/25/12--01005--002 \*\*5.00

LGP, LLC

2. Principal Office Address - No P.O. Box # 43 Roseland Lane	3. Mailing Office Address 43 Roseland Lane
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Suite, Apt. #, etc.

City &amp; State

Fairview NC

Falviped NC

Zip  
28730

Country  
USA

Zip  
28736

Country

4. State/Country of Formation  
Vietnam Count 7, FL.

5. Date Organized or Qualified To Do Business in Florida 4-6-07

6. FEI Number

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: Ruby Reisor (Formerly John Key)  
Street Address (P.O. Box Number is Not Acceptable): 237 Stella Rd  
Suite, Apt. #, Etc.:

Suite, Apt. #, Etc.

City Georgetown

State  
**FL**

Zip Code  
62139

**E-mail Address:**

betsyreiser@earthlink.net

(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 Deey Kline  
REGISTERED AGENT MUST SIGN

Date 4-17-12

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
MGRM	BETSY REISER	43 Rosebud Ln	Fairview NC 28730

701230642007  
04/23/12--01004--001 \*\*650.00

## REINSTATEMENT

2009-12

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 4-17-12 Daytime Phone # 828.779-5544

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED

2012 APR 24 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 23, 2012

BETSY REISER  
43 ROSEBUD LANE  
FAIRVIEW, NC 28730

SUBJECT: LGP, LLC  
Ref. Number: L07000030028

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

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The fee to reinstate is \$655.00, you sent a check for \$650.00 we need an additional \$5.00 to reinstate company

Please return 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) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 512A00012371