

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000040030

1. Limited Liability Company's Name

STRATEGIC Clearing Concepts, LLC

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

900 Broward Rd

Suite, Apt. #, etc.

#15

City & State

Jacksonville, FL

Zip

32218

Country

Duval

3. Mailing Office Address

900 Broward Rd

Suite, Apt. #, etc.

#15

City & State

Jacksonville, FL

Zip

32218

Country

Duval

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

4-10-07

6. FEI Number

77-0680062

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

Shannon, Jermyn

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

10859 Natalie Ash Dr

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

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

Jermyn Shannon
REGISTERED AGENT MUST SIGN

Date 12/15/10

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
MEM	Melvin Gaskin	900 Broward Rd #15	Jax, FL 32218

11. E-mail Address: gaskinmk89@Hotmail.com

(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 608.406, 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

Melvin L Gaskin

Date 12-15-10

Daytime Phone # 904-566-9045

Typed or printed name of signing Managing Member/Manager Melvin L Gaskin

FILED

10 DEC 16 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/16/10--01023--003 **500.00

CR2E041 (05/10)

REINSTATEMENT 08-10

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