

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 DEC -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700188169947
11/29/10--01058--008 **238.75

CR2E041 (05/10)

DOCUMENT # L07000067114

1. Limited Liability Company's Name

B & P Browning Daytona Investments LLC

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

6050 Palmer Blvd

Suite, Apt. #, etc.

Unit 2

City & State

Sarasota FL

Zip

34232

Country

Sarasota

3. Mailing Office Address

6050 Palmer Blvd

Suite, Apt. #, etc.

Unit 2

City & State

Sarasota FL

Zip

34232

Country

Sarasota

4. State/Country of Formation

FLORIDA / Sarasota

5. Date Organized or Qualified
To Do Business in Florida

June 26 2007

6. FEI Number

26-0428446

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

Browning Paulette K.

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

7305 261st Street E

Suite, Apt. #, Etc.

City

Myakka City

State

FL

Zip Code

34251

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

Paulette K. Browning

Date

REGISTERED AGENT MUST SIGN

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	Browning Paulette K	7305 261st St E	Myakka City FL 34251
MEM	Browning Bobby S	7305 261st	Myakka City FL 34251
			J. SAULSBERRY EXAMINER
			DEC 2 2010

11. E-mail Address: shelleycar@verizon.net

(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

Paulette K. Browning

Date 11/22/2010

Daytime Phone # 941 923-7001

Typed or printed name of signing Managing Member/Manager

Paulette K. Browning