

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000067197

1. Entity Name
THE BURUD GROUP, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN -8 PM 2:29

Principal Place of Business
1075 3RD ST. N.
SAFETY HARBOR FL 34695 IIS

Mailing Address
1075 3RD ST. N.
SAFETY HARBOR FL 34695 IIS



12262008 REIN LLC CB25101 (1/07)

2. Principal Place of Business - No P.O. Box #
10102 Alambra Ave.
Suite, Apt. #, etc.
Tampa, FL
City & State

3. Mailing Address
10102 Alambra Ave.
Suite, Apt. #, etc.
Tampa, FL
City & State

Zip
33619
Country
USA

Zip
33619
Country
USA

4. FEI Number
Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURUD, CARI L
1075 3RD ST. N.
SAFETY HARBOR, FL 34695

Name
Cari L. Burud
Street Address (P.O. Box Number is Not Acceptable)
10102 Alambra Ave.
City
Tampa FL Zip Code
33619

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cari L. Burud

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGR
BURUD, CARI L
STREET ADDRESS
CITY-ST-ZIP
1075 3RD ST. N.
SAFETY HARBOR, FL 34695

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
MGR
Burud, Cari L.
STREET ADDRESS
CITY-ST-ZIP
10102 Alambra Ave.
Tampa, FL 33619

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Cari L. Burud Cari L. Burud

12-29-08

727-418-8713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 2008