

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000073702

1. Limited Liability Company's Name

C2B LLC

FILED

2009 JAN -6 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300139696103
01/06/09--01018--008 **105.00

CR2E041 (10/08)

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

8757 Monterey Bay Loop

Suite, Apt. #, etc.

3. Mailing Office Address

8757 Monterey Bay Loop

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34212

Country

US

City & State

Bradenton, FL

Zip

34212

Country

US

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

7/16/2007

6. FEI Number

260478813

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

Buckley Robinson

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

8757 Monterey Bay Loop

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34212

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/30/2008

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	Buckley Robinson	8757 Monterey Bay Loop Bradenton, FL 34212	Bradenton, FL 34212
MGRM	Patrick Pesola	8757 Monterey Bay Loop Bradenton	Bradenton, FL 34212

300139696103
02/11/09--01005--021 **277.50

REINSTATEMENT -08-09

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.

Signature of
Managing Member/Manager

[Signature]

Date 12/30/2008 Daytime Phone # 561-255-2828

Typed or printed name of signing Managing Member/Manager

Buckley Robinson

C.O.L.