

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -4 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100189328541
01/04/11--01017--017 **238.75

CR2E041 (05/10)

DOCUMENT # L07000078122

1. Limited Liability Company's Name

AAL GAUGHAN LLC

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

828 CEDAR HARBOUR CT

Suite, Apt. #, etc.

3. Mailing Office Address

828 CEDAR HARBOUR CT

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON FL

Zip

34212

Country

MSA

Zip

34212

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

07/30/2007

6. FEI Number

260652871

☐ 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

BRIAN A GAUGHAN

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

828 CEDAR HARBOUR CT

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34212

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

BAG

REGISTERED AGENT MUST SIGN

Date 12/29/2010

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
MEMBER	BRIAN A GAUGHAN	828 CEDAR HARBOUR CT	BRADENTON, FL 34212
REINSTATEMENT 2010			
L. SELLERS			
JAN - 6 2011			
EXAMINER			

11. E-mail Address: bgaughan3@gmail.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

BAG

Date 12/29/2010 Daytime Phone # 941-345-6239

Typed or printed name of signing Managing Member/Manager