

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000097446

1. Entity Name  
CHARLES EDWARD DINTRUFF, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 29 PM 4:00

Principal Place of Business ~~7214 EMMA STREET TAMPA, FL 33610~~ *6242 Timmons Rd Seffner FL 33584*  
Mailing Address ~~7214 EMMA STREET TAMPA, FL 33610~~ *6242 Timmons Rd Seffner FL 33584*

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

DINTRUFF, CHARLES E  
~~7214 EMMA STREET TAMPA, FL 33610~~ *6242 Timmons Rd Seffner FL 33584*

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DINTRUFF, CHARLES E  
~~7214 EMMA STREET TAMPA, FL 33610~~ *6242 Timmons Rd Seffner FL 33584*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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:

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

Date

Daytime Phone #

REINSTATEMENT

2008-2009