

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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DOCUMENT # L07000115582

1. Limited Liability Company's Name

Sullivan Construction Support Services, LLC

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

CR2E041 (11/10)

2. Principal Office Address - No P.O. Box # 1400 LAKE AVE		3. Mailing Office Address 1400 LAKE AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, Fl.		City & State Tallahassee, Fl.	
Zip 32310	Country US	Zip 32310	Country US

4. State/Country of Formation FL. US.	
5. Date Organized or Qualified To Do Business in Florida 11-15-07	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
Ryan G. Sullivan

Street Address (P.O. Box Number is Not Acceptable)  
1400 Lake Ave.

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32310

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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]*

Date 11-21-13

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
mgrm	Ryan G. Sullivan	1400 Lake Ave.	Tallahassee, Fl 32310
REINSTATEMENT 2012-2013			
NOV 21 2013			
L. SELLERS			

11. E-mail Address: sullivan802rs@gmail.com

(To be used for future annual report notifications)

12. I certify that I am a 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of  
Managing Member/Manager

*[Signature]*

Date 11-21-13 Daytime Phone # 850-284-5958

Typed or printed name of signing Managing Member/Manager