

2. Principal Office Address - No P.O. Bax # 3. Mailing Office Address 1075 Bay Harbor Drive 4. State/Country of Formation FLOQ: DAT U/S/A. Suite, Apt. #, etc. 5. Date Organized or Quelified To Do Bustness in Florida City & State Englewood, Florida Country Country 34224 Charlotte 34224 Charlotte 7. CERTIFICATE OF STATUS DESIRED 5. Name and Address of Current Registered Agent 6. Fell Number 11-3836780 Name 2015 Name		Į	PLEASE READ	ALL INSTR	RUCTI	ONS	BEFORE (OMPLET	ING THIS FORM.	
Southcan Contruction, LLC 2. Principal Office Address - No P.O. Box # 1075 Bay Harbor Drive 1075 Bay Harbor D	¢	OMPAN	Y	. Se	ecretan	y of St	late			26 26
2. Printideal Office Address - No P.O. Star 9 1075 Bay Harbor Drive Suite. Apt. 8, etc. Suite. Apt. 8, etc. Suite. Apt. 8, etc. City & State Englewood, Florida Englewood, Florida Zb 34224 Charlotte 8. Name and Address of Current Registered Agent Name Antonio A. Bianchi Street Address (P.O. Box Number is Not Acceptable) 1075 Bay Harbor Drive Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Nanagers Titles Name Antonio A. Bianchi 10. Names and Street Addresses of Managing Members/Nanagers Titles Name (P.O. Box Number is Not Acceptable) 10. Names and Street Addresses of Managing Members/Nanagers Titles Name of Managing Members/Nanagers Titles Name of Addresses of Managing Members/Nanagers Titles Name of Addresses of Managing Members/Nanagers Titles Name of Managing Members/Nanagers Managing Members/Nanagers Managing Members/Nanagers Titles Name of Managing Members/Nanagers Managing Members/Nanagers Managing Members/Nanagers Titles Name of Managing Members/Nanagers Managing Members/Nanagers Managing Members/Nanagers Titles Name of Managing Members/Nanagers Titles REGISTERED AGENT MUST SIGN REGISTERED A	1. Limited	Lisbility Comp	any's Nome		stic		11.0	4	00235152	f: 1048 28748
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Titles Nameging Monthers/Managers Street Address of Each Managing Monthers/Managers Chy / State / Zip mgm Antonio A. Bianchi 1075 Bay Harbor Drive Englewood, FL 34: REINSTATEMENT 2010 - 2012 11. Learlify that I am managing mamber/manager or the receiver or frustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that filling this reinstatement application the reason for dissolution has been estimated, the introduction by the limited liability commany have been pain from sting indicated on this application in true and accurate, and my signature shall have the same less and the same less are the same less than the same less are the same less than the same less are the same less	Name Al Street Add 1075 Bi Buite, Api. City Englew 9. I, being Signatu Registe	ress (P.O. Box ay Harbor #, Elo. VOOD pappointed the are of ered Agen	A. Bianchi x Number is Not Acceptable Drive registered agent of the ab	ove named limited	Rability co	TEL MARINE	34224	(To be	e used for future annu	0 **277.50 al report notices
PEINSTATEMENT 2010 2012 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 I strip this reinstatement application the reason for disabilities on the initial disability company name satisfies the requirements of section 608.406, F.S., all further certify the trust of the limited liability company have been paid. The information indicated on this application is true and occurate, and my algorithms that have the same let	<u> </u>		Name of						Chy / Ste	le / Zip
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 if illing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 508.406, F.S., all forces over the time of the limited liability company have been paid. The information indicated on this application is true and equipment and my algorithms shall have the same	mgm	Anto	nio A. Biar	nchi	107	5 B a	ay Harbo	or Drive	Englewood,	FL 3422
filling this reinstatement application the reason for dissolution has been eliminated, the limited flability company name satisfies the requirements of section 506.405, F.S., at these owner by the limited flability company have been paid. The information indicated on this application is true and accurate, and my algorithms shall have the same le	,	REIN	ISTATEMENT	2010	201	J		., ,		
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Signature of Managing Member/Manager Dulio Q My Date HAY 05/12 Daytime Phone # 94/3232	filling ti un fee sa if m Signatu	his reinstatem is owed by the nede under on ure of Mar	ent application the reason to limited liability company hi th. I am aware that false in maging	or dissolution has t we been paid. The	been elimi: informatic	nsted, († m indica	e limited (lability co ted on this applicable the Department of S	mpany name salls on is true and eco State constitutes a	fles the requirements of sector urate, and my signature shall h third degree felony as provide	n 508.406, F.S., and the same legal official for in s.817,156, F.S

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RECEIVED

11 JUN 26 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2012

SOUTHCAN CONSTRUCTION, LLC 1075 BAY HARBOR DR ENGLEWOOD, FL 34224

SUBJECT: SOUTHCAN CONSTRUCTION, LLC

Ref. Number: L08000004978

We have received your document for SOUTHCAN CONSTRUCTION, LLC and check(s) totaling \$238.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$277.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist II

Letter Number: 312A00014494