

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY

REINSTATEMENT
2013-2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L08000004978

Southcan Construction, LLC

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

423 Boundary Blvd

Suite, Apt. # etc.

3. Mailing Office Address

423 Boundary Blvd

Suite, Apt. # etc.

City & State

Rotonda West, Florida

City & State

Rotonda West, Florida

Zip

33947

Country

charlotte

Zip

33947

Country

charlotte

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

11-3836780

☐ Applied For

☐ Not Applicable

7. ☐ CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Antonio A Bianchi

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

423 Boundary Blvd

Suite, Apt. # Etc.

City

Rotonda West

State

FL

Zip Code

33947

000262600830
08/26/14--01025--002 **147.50

000262600830
07/23/14--01025--018 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Antonio A Bianchi

Date

7-21-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Antonio A Bianchi	423 Boundary West	Rotonda West, FL. 33947

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Antonio A Bianchi

Date

7-21-14

Daytime Phone #

941 323-2379

Typed or printed name of signing Authorized Representative/Manager

Antonio A Bianchi

K ASHTON