

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

**FILING CANCELLED
RETURNED CHECK**

DOCUMENT # **LO8000006160**

1. Limited Liability Company's Name

BACALAO LLC

400245167224
02/27/13--01023--006 **733.75

CR2E041 (1/11)

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

6135 NICOLE CT

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1-11-2008

City & State

SARASOTA, FL

City & State

Zip

Country

Zip

Country

34243

SARASOTA

6. FEI Number

061833781

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

RAFAEL PEREZ

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

6135 NICOLE CT

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34243

E-mail Address:
REINSTATEMENT

09-13

RAFAELARGUEILLESZ@AOL.COM

(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date

2-21-13

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	RAFAEL PEREZ	6135 NICOLE CT	SARASOTA, FL 34243

FFB 2 7 2013

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 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

Date

2-21-13

Daytime Phone #

941-650-9080

Typed or printed name of signing Managing Member/Manager

RAFAEL PEREZ