

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2012 NOV 19 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L080000010602

1. Limited Liability Company's Name

Boru's LLC

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

2298 W County Hwy 30A

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Santa Rosa Beach FL

City & State

SAME

Zip

Country

32459

USA

Zip

Country

SAME

SAME

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

1/29/2008

6. FEI Number

14-2010323

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

Jac Hugh McTIGHE

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

2298 W County Hwy 30A

Suite, Apt. #, Etc.

City

SANTA ROSA BEACH

State

FL

Zip Code

32459

E-mail Address:

10/23/12--01016--030 \*\*402.50

700241097647

10/23/12--01016--030 \*\*402.50

woodlucie@yahoo.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

Jac Hugh McTighe

Date 11/16/2012

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
<u>MGRM</u>	<u>Jac Hugh McTIGHE</u>	<u>2298 W County Hwy 30A</u>	<u>Santa Rosa Beach, FL 32459</u>
<u>MGRM</u>	<u>DONNA McTIGHE</u>	<u>2298 W County Hwy 30A</u>	<u>Santa Rosa Beach, FL 32459</u>

REINSTATEMENT

11-12 M  
ad

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

Jac Hugh McTighe

Date

9/27/12

Daytime Phone #

850 625 3895

Typed or printed name of signing Managing Member/Manager

Jac Hugh McTIGHE