

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000080365

1. Limited Liability Company's Name

THE BLACKBEARD GROUP LLC

2. Principal Office Address - No P.O. Box #
1861 SOUTH FLETCHER AVE.

Suite, Apt. #, etc.

City & State
FERNANDINA BEACH, FL

Zip
32034

Country
USA

3. Mailing Office Address
PO BOX 952

Suite, Apt. #, etc.

City & State
FERNANDINA BEACH, FL

Zip
32035

Country
USA

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida 8/22/2008

6. FEI Number
26-3244832

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

STEVEN M CRANKSHAW

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

1861 SOUTH FLETCHER AVE.

Apt. #, Etc.

City -

FERNANDINA BEACH

State

FL

Zip Code

32034

100277512951
10/06/15--01001--010 **138.75

100277512951
09/28/15--01052--009 **332.50

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

Date 9/25/2015

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	STEVEN M CRANKSHAW	1861 SOUTH FLETCHER AVE.	FERNANDINA BEACH, FL 32034

11. E-mail Address: merrycrankster@comcast.net

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

9/25/2015

Daytime Phone #

904-261-5350

Typed or printed name of signing authorized representative/member

STEVEN M CRANKSHAW

FILED
2015 SEP 28 P 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA