

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000107065

1. Limited Liability Company's Name

TIMOTHY MACK PRICE LLC

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

140 DAHOON BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 510909

Suite, Apt. #, etc.

City & State

PUNTAGORDA

City & State

PUNTAGORDA

Zip

33982

Country

CHARLOTTE

Zip

33951

Country

CHARLOTTE

8. Name and Address of Current Registered Agent

Name

TIMOTHY PRICE

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

140 DAHOON BLVD

Suite, Apt. #, Etc.

City

PUNTAGORDA

State

FL

Zip Code

33982

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

Timothy Mack Price

REGISTERED AGENT MUST SIGN

Date

2-16-12

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	TIMOTHY PRICE	140 DAHOON BLVD	PUNTAGORDA, FL, 33982

REINSTATEMENT 2-11-2012

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 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

Timothy Mack Price

Date

2-16-12

Daytime Phone #

239-633-3477

Typed or printed name of signing Managing Member/Manager

FILED

12 MAR 21 AM 7:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200222478922
02/20/12--01048--002 **243.75

CR2E041 (1/11)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11-18-08

6. FEI Number

27-2439745

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

200222478922
03/21/12--01023--017 **138.75

TJMAR48K@GMAIL.COM

(To be used for future annual report notices)

Date: 3-12-12

To: ~~Debra Bruce~~ Florida Department of State Division of Corporations

From: Timothy Mack Price LLC Document # L08000107065

Subject: REQUEST BALANCE FOR ANNUAL REPORT FEE

Here is the requested balance due of 138.75 for the annual report due

Thank You,
Timothy Price
Po box 510909
Punta Gorda fl 33951



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2012

TIMOTHY PRICE
PO BOX 510909
PUNTA GORDA, FL 33951

SUBJECT: TIMOTHY MACK PRICE, LLC
Ref. Number: L08000107065

We have received your document for TIMOTHY MACK PRICE, LLC and your check(s) totaling \$243.75. However, the document has not been filed and is being retained in this office for the following:

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2011 through 2012; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$382.50.

There is a balance due of \$138.75.

Please return your document, along with 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 912A00007686