

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 SEP 30 AM 10:07

DOCUMENT # **LO9000029133**

1. Limited Liability Company's Name

SEP & G LLC

000186092300
09/30/10--01035--005 **238.75

CR2E041 (05/10)

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

4821 Flagstone Dr

Suite, Apt. #, etc.

3. Mailing Office Address

4821 Flagstone Dr

Suite, Apt. #, etc.

City & State

Sarasota, FL.

City & State

Sarasota, FL.

Zip

34238

Country

USA

Zip

34238

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

3-25-2009

6. FEI Number

26-4646458

☐ 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

Mark Pruett

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

4821 Flagstone Dr

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34238

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

Mark Pruett

Date **9-20-2010**

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
MGR	Georgia Pruett	4821 Flagstone Dr	Sarasota, FL. 34238
MGRM	Mark Pruett	4821 Flagstone Dr	Sarasota, FL. 34238

REINSTATEMENT 2010

11. E-mail Address: **mpDepot1@gmail.com**

mpDepot1@gmail.com

(to be used for future annual report notifications)

12. 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.

Signature of
Managing Member/Manager

Mark Pruett

Date **9-20-2010**

Daytime Phone # **941-628-8585**

Typed or printed name of signing Managing Member/Manager

Mark Pruett

T. Hampton OCT - 1 2010