

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L11000024737**

1. Limited Liability Company's Name

SDS Volusia, LLC.

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

2253 River Ridge Rd

Suite, Apt. #, etc.

City & State

DeLand FL

Zip

32720

Country

USA

3. Mailing Office Address

2253 River Ridge Rd

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

32720

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2/25/2011

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$5.00 Additional Fee required
for a Certificate of Status**

CR2E041 (1/11)

E-mail Address:

400254541624
12/09/13--01001--013 **382.50

cookrr@cfl.rr.com

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

Richard R Cook

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

2253 River Ridge Rd

Suite, Apt. #, Etc.

DeLand

City

State

FL

Zip Code

32720

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

Richard R Cook

REGISTERED AGENT MUST SIGN

Date **Dec 5, 2013**

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	Richard R Cook	2253 River Ridge Rd	DeLand, FL 32720

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

Richard R Cook

Date

Dec 5, 2013

Daytime Phone #

386

327-0444

Typed or printed name of signing Managing Member/Manager

DEC - 9 2013