

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000037377

1. Limited Liability Company's Name

A-Z DISTRIBUTING, LLC

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

2425 THAMES DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

Zip

32405

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

STACY RIMMER

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

2425 THAMES DRIVE

Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32405

REINSTATEMENT 2013-15
CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

03/16/2012

6. FEI Number

80-0795280

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

600273632006
12/01/15-01021-008 **\$16.25

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

Stacy Rimmer

REGISTERED AGENT MUST SIGN

Date **11/23/2015**

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	STACY RIMMER	2425 THAMES DRIVE	PANAMA CITY, FL 32405

11. E-mail Address: **ATOZDISTRIBUTING@GMAIL.COM**

(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

Stacy Rimmer

Date

11/23/15

Daytime Phone #

850-814-9738

Typed or printed name of signing authorized representative/member

STACY RIMMER