

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000158284

1. Limited Liability Company's Name

Thunderbay Cabinets and Trim LLC

800255401498
01/08/14--01026--016 **477.50

CR2E041 (12/13)

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

1915 Coco Meadow Circle

3. Mailing Office Address

1915 Coco Meadow Circle

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

208

City & State

Brandon, Florida

City & State

Brandon, Florida

Zip

33511

Country

USA

Zip

33511

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

12/19/2012

6. FEI Number

46-1642792

☐ 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

Richard J Dufresne Jr

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

1915 Coco Meadow Circle

Suite, Apt. #, Etc.

208

City

Brandon

State

FL

Zip Code

33511

E-mail Address:

doofa68@aol.com

(To be used for future annual report notices)

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

[Signature]

Date

1/2/2014

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip

FILED
2014 JAN -8 AM 11:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

[Signature]

Date

1/2/2014

Daytime Phone #

813-624-4346

Typed or printed name of signing Authorized Person