

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FIL

2019 OCT -1

SECRET  
ALABAMA

800335503  
10/03/19--01003--01

CR2E041 (1/14)

DOCUMENT # L13000170438

1. Limited Liability Company's Name  
040112, LLC

2. Principal Office Address - No P.O. Box #  
21391 Harborside Blvd

Suite, Apt #, etc

City & State

Port Charlotte FL

Zip

33952

Country

USA

3. Mailing Office Address

21391 Harborside Blvd

Suite, Apt #, etc

City & State

Port Charlotte FL

Zip

33952

Country

USA

4. State/Country of Formation  
Florida USA

5. Date Organized or Qualified  
To Do Business in Florida 12/09/2

6. FEI Number  
46-1899530

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00  
for a c

8. Name and Address of Current Registered Agent

Name

Duncan Scarry

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

21391 Harborside Blvd

Apt #, Etc

City

Port Charlotte

State  
FL

Zip Code  
33952

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

REGISTERED AGENT MUST SIGN

Date 10/3/19

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / S
MGR	Duncan Scarry	21391 Harborside Blvd	Port Charlo

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11. E-mail Address duncanscarry@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., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and 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 felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

10/3/2019

Daytime Phone #

23939

Typed or printed name of signing authorized representative/member

Duncan Scarry