

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 JAN 26 PM 3:03

RECEIVED
TALLAHASSEE, FLORIDA

JAN 26 2016

L BERGER

CR2E041 (1/14)

DOCUMENT # L14000070319

1. Limited Liability Company's Name

TBB DISPERSIONS, L.L.C.

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

2412 WOODFIELD CIRCLE

Suite, Apt. #, etc

City & State

WEST MELBOURNE, FL

Zip

32904

Country

UNITED STATES

3. Mailing Office Address

2412 WOODFIELD CIRCLE

Suite, Apt. #, etc

City & State

WEST MELBOURNE, FL

Zip

32904

Country

UNITED STATES

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 04/30/2014

6. FEI Number

46-5687332

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

WHITE, BRADLEY F.

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

1795 W NASA BLVD

Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32901

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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

1/24/16

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	BARCELONA, RICHARD A., JR.	2412 WOODFIELD CIRCLE	WEST MELBOURNE, FL 32904

11. E-mail Address:

(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

Date

1/24/16

Daytime Phone #

724-350-1029

Typed or printed name of signing authorized representative/member

Richard A. Barcelona, Jr.