

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
2015



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

15 DEC 30 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L14000117025

1. Limited Liability Company's Name

Dryer Fire Rescue LLC

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

2922 Nocturne Rd

Suite, Apt. #, etc.

City & State

Venice FL

Zip

34293

Country

USA

3. Mailing Office Address

2922 Nocturne Rd

Suite, Apt. #, etc.

City & State

Venice FL

Zip

34293

Country

USA

8. Name and Address of Current Registered Agent

Name

United States Corporation Agents, Inc

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

13302 Winding Oak Court

Apt. #, Etc.

Suite A

City

Tampa

State

FL

Zip Code

33612

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

Cheyenne Moseley, Assistant Secretary on behalf of United  
States Corporation Agents, Inc.

REGISTERED AGENT MUST SIGN

Date

12/15/15

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

Member Jerry Bennett 2922 Nocturne Rd Venice, FL 34293

11. E-mail Address:

dryerfire rescue@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

Typed or printed name of signing authorized representative/member

Jerry Bennett

Date

12/9/15

Daytime Phone #

941-544-4422

CR2E041 (1/14)

4. State/Country of Formation

FL, Sarasota

5. Date Organized or Qualified  
To Do Business in Florida

7/25/2014

6. FEI Number

47-1447209

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a certificate of status

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