

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2019 NOV 13 PM 4:35

DOCUMENT # L16000109537

Limited Liability Company's Name

580 SHAMROCK LLC

Principal Office Address - No P.O. Box #

580 SHAMROCK DR

City, Apt. #, etc.

City & State

VENICE FL

Zip

3293

Country

US

3. Mailing Office Address

15 BALIN AVE

Suite, Apt. #, etc.

City & State

SOUTH SETAUKET NY

Zip

11720

Country

US

8. Name and Address of Current Registered Agent

Name

JOHN FRANCO

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

580 SHAMROCK DR

Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34293

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 06/06/2016

6. FEI Number

NONE

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

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

11/6/19

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
AR	JOHN FRANCO	2580 SHAMROCK DR	VENICE FL 34293
AR	JOHN A. FRANCO	15 BALIN AVE	SO. SETAUKET NY 11720

11. E-mail Address JOHN.A.FRANCO@ME.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

Date

11/6/19

Daytime Phone #

6319031432

Typed or printed name of signing authorized representative/member

JOHN FRANCO