

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L99000000441**

1. Limited Liability Company's Name

**CADY AND ASSOCIATES L.C.**

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

6307 Jessup Dr.

Suite, Apt. #, etc.

City & State

Zephyrhills, Florida

Zip

33540

Country

Pasco

3. Mailing Office Address

6307 Jessup Dr.

Suite, Apt. #, etc.

City & State

Zephyrhills, Florida

Zip

33540

Country

Pasco

4. State/Country of Formation

Florida/United States

5. Date Organized or Qualified  
To Do Business in Florida

01/19/1999

6. FEI Number

650909581

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

Connie Madden

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

6307 Jessup Drive

Suite, Apt. #, Etc.

City

Zephyrhills

State

FL

Zip Code

33540

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

**Connie Madden**

Digitally signed by Connie Madden  
DN: cn=Connie Madden, o=Pursuing Your Dreams,  
email=conniemadden3391@gmail.com, c=US  
Date: 2009.07.16 16:40:56 -0400

Date **07/20/2009**

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Connie Madden	6307 Jessup Drive	Zephyrhills/Florida/33540
MGR	Richard Davis	4822 Escapardo Way	Colorado Springs/Colorado/80917-37
MGR	Alan Madden	6307 Jessup Drive	Zephyrhills/Florida/33540

**REINSTATEMENT**

521.25

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 section 608.406, 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.

Signature of  
Managing Member/Manager

**Connie Madden**

Digitally signed by Connie Madden  
DN: cn=Connie Madden, o=Pursuing Your Dreams,  
email=conniemadden3391@gmail.com, c=US  
Date: 2009.07.16 16:40:56 -0400

Date **07/20/2009**

Daytime Phone # **813-395-8544**

Typed or printed name of signing Managing Member/Manager **Connie Madden**