

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 18 AM 9:37

**LIMITED LIABILITY  
 COMPANY  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # M04000003669

1. Limited Liability Company's Name

SEROC HOLDINGS, LLC

2. Principal Office Address

1170 Centerpoint Road

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Birmingham

City & State

Alabama

Zip

35215

Country

USA

Zip

Country

4. State/Country of Formation

Alabama, Jefferson Co. 7/29/04

5. Date Organized or Qualified

9/3/04 Business In Florida

6. FEI Number

87-0431307

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a Certificate of Status

CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

Name

David Edward O'Connor

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

2156 Harlans Run

000086237610

01/25/07--01043--008 \*\*255.00

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34105

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

*David Edward O'Connor*

Date

1/15/07

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.	Kevin Serra	1170 Centerpoint Road	Birmingham, AL 35215
Mgr.	David Edward O'Connor	2156 Harlans Run	Naples, FL 34105

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

*David Edward O'Connor*

Date

1/15/07

Daytime Phone

(231) 777-1186

Typed or printed name of signing Managing Member/Manager