

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 23 PM 12:40

1. Limited Liability Company's Name
SCP 2005C-C20-006 LLC

CR2E041 (8/05)

2 Principal Office Address
3 Cypress Run

3. Mailing Office Address
PO Box 3179

Suite, Apt. #, etc.
#32C

Suite, Apt. #, etc.

City & State *****

Homosassa, Florida

City & State _____
Homosassa Springs, Florida

Zip	Country
34446	Citrus

Zip	Country
34447	Citrus

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
61-1475660

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 _____

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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**

Special Assistant Secretary

Date _____

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
MGRM	Premiere MacClenney LLC	3 Cypress Run #32C	Homosassa, Florida 34446
			400128677724 05/07/08--01008--019 **377.50

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

Date 04/30/08

Daytime Phone# 352-650-8207

Typed or printed name of signing Managing Member/Manager Judi Saker, Controller