

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007  
ANNUAL  
REPORT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 19 PM 12:14

DOCUMENT # **MO6000001049**

1. Limited Liability Company's Name

**PRINS Bros. Enterprises, L.L.C.**

CR2E041 (1/07)

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

**129 Appaloosa Hill Rd**

Suite, Apt. #, etc.

3. Mailing Office Address

**129 Appaloosa Hill Rd**

Suite, Apt. #, etc.

City & State

**Polk City, FL**

Zip

**33808**

Country

**USA**

City & State

**Polk City, FL**

Zip

**33808**

Country

**USA**

4. State/Country of Formation

**FL, USA**

5. Date Organized or Qualified To Do Business in Florida

**2/22/06**

6. FEI Number

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

**David Prins**

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

**129 Appaloosa Hill Rd**

Suite, Apt. #, Etc.

City

**Polk City, FL**

State

**FL**

Zip Code

**33808**

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Prins**

REGISTERED AGENT MUST SIGN

Date **7/3/07**

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
MEM	DAVID PRINS	129 Appaloosa Hill Rd	Polk City, FL 33808
			100105501161 07/20/07--01034--025 **\$5.00
			100105501161 07/20/07--01034--025 **\$5.00
			BLT

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 Prins**

Date **7/3/07**

Daytime Phone # **863 581 2540**

Typed or printed name of signing Managing Member/Manager **DAVID PRINS**