

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08000000234

1. Limited Liability Company's Name

BUTTERMAKER UNLIMITED, LLC

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

4131 BEE RIDGE ROAD

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34233

Country

SARASOTA

3. Mailing Office Address

330 PARKDALE DRIVE

Suite, Apt. #, etc.

City & State

VENICE, FLORIDA

Zip

34285

Country

SARASOTA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

01/14/2008

6. FEI Number

74-3235652

☒ 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

LOTZ, VICKIE

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

330 PARKDALE DRIVE

Suite, Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34285

E-mail Address:

VMLotz@Comcast.Net

(To be used for future annual report notices)

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **12-28-2011**

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	LOTZ, VICKIE	330 PARKDALE DRIVE	VENICE, FLORIDA 34285
MGRM	LOTZ, JAMES M	330 PARKDALE DRIVE	VENICE, FLORIDA 34285
MGRM	BEARDEN, BENJAMIN K	330 PARKDALE DRIVE	VENICE, FLORIDA 34285

REINSTATEMENT 2011

up 1/5/12

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 608.408, 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 Managing
Member/Manager

[Signature]

Date

12/28/11

Daytime Phone #

941-375-2594

Typed or printed name of signing Managing Member/Manager

Vickie Lotz