

M9800000585

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR -9 PM 2:41

DOCUMENT # M9800000585

1. Limited Liability Company's Name

GRAYBAR FINANCIAL SERVICES LLC

06

300171626753
03/03/10--01010--016 ***655.00
CR2E041 (11/09)

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

1 CIT DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

1 CIT DRIVE

Suite, Apt. #, etc.

#2108-A

City & State

LIVINGSTON, NJ

City & State

LIVINGSTON, NJ

Zip

07039

Country

USA

Zip

07039

Country

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

6-8-1998

6. FEI Number

04-3420237

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

CT 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

☐ 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

Debbie Diaz

Assistant Secretary

REGISTERED AGENT MUST SIGN

Date 3/8/2010

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
	SEE ATTACHED LIST		

300171626913
03/09/10--01010--017 ***138.75

REINSTATEMENT 2006-2010

11. E-mail Address: Keisha.phillip@cit.com

(To be used for future annual report notifications)

12. 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

Eric S. Lawson

Date 3/5/10

Daytime Phone #

904 620-7615

Typed or printed name of signing Managing Member/Manager

Eric S. Lawson

19800000585

MANAGER LIST - GRAYBAR FINANCIAL SERVICES LLC

Carpenter, Timothy

Manager

Geis, Robert T

Manager (Alternate)

Jaeger, Stuart

Manager

Lawson, Erik

Manager

LeNeveu, Darcy J.

Manager

Moore, Eric

Manager

Reed, Jon

Manager

Seddon, Bill

Manager (Alternate)

Wilson, Dean

Manager

Woods, Dawn

Manager

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