

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

112



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 JUL 15 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 AR

DOCUMENT # P02000070112

1. Limited Liability Company's Name

SHADOW SIGNS

2. Principal Office Address

7628 McELVEY RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH, FL

City & State

Zip

32408

Country

U.S.A.

Zip

Country

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida

JUNE 20, 2002

6. FEI Number

27-0008786

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name

ELAINE HARDY

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

216 WOODLAWN DRIVE

Suite, Apt. #, Etc.

\$

000057537770

07/15/05-01075-001 **158.75

City

PANAMA CITY,

State

FL

Zip Code

32407

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

Elaine Hardy

Date 6-27-05

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	RODNEY HARDY	216 WOODLAWN DR	PANAMA CITY, FL 32407
PRES.	ELAINE HARDY	216 WOODLAWN DR.	PANAMA CITY, FL 32407
MGR/MEM			
Sec			

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

Elaine Hardy

Date 6-27-05

Daytime Phone# 850 234-6344

Typed or printed name of signing Managing Member/Manager

ELAINE HARDY

7/20/05



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July 14, 2005

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Shadow Signs, LLC
Ref Number PO2000070112

Shadow Signs did not receive a notice regarding Profit Annual Report fees for 2005. We relocated two years ago to the current address of:

7628 McElvey Avenue

The old address:

7812 McElvey may have been used as the mailing address for the annual report notice. Our apologies for any confusion.

I am including \$150.00 file fee for the Profit Annual Report and an additional \$8.75 for a certificate of status.

Officers are:

Rodney Hardy, President
Elaine Hardy, Secretary

Thank you in advance for your assistance and consideration in this matter,

A handwritten signature in black ink that reads "Elaine K. Hardy". The signature is written in a cursive style.

Elaine Hardy

Shadow Signs, Inc.
7628 McElvey Avenue
Panama City Beach, FL 34208
Ph: 850-234-6344 Fax: 850-234-8100