2013 LIMITED LIABILITY COMPANY REINSTATEMENT



DOCUMEN # L11000096839 1. Entity Name GENE PAGEL LLC						13 NOV -7 AM II: 19 SECNEVARI OF STATE PALLAHAGRE FLORIDA			
Principal Place of Business Mailing Address						TALL AHAL	母生。中心	DA	
67 CATAWBA TRL CRAWFORDVILLE, FL 32327 US CRAWFORDVILLE, FL 32				327 US					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 40. Crostwood UN		\$				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		11072013 REIN	-LLC CF	R2E101 (12/11)		
City & State Crawfordulle E			Crantowlville		4. FEI Number NOT APPLICA	BLE		lied For Applicable	
Zip	-	Country	Zip	Country	5. Certificate of Status		\$5.00 Addit		
3232		and Address of Current F	32327		7. Name and Address	of New Register			
Nome									
PAGEL, GENE M 67 CATAWBA TRL CRAWFORDVILLE, FL 32327					VALUEL GENE M. Idress (P.O. Box Number is Not Acceptable)				
				Streat Address (F.O. Dox Iddition is Not Acceptable)					
					irestwood LL	<u> </u>			
		. /	Foodville	F	L Zip Code	32フ			
	8. iThe above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
8. The above	named entit	y submits this statement for	the purpose of changing its re	gistered office or regi	stered agent, or both, in the	State of Florida.	am familiar with, a	ind accept	
the obligati	ons of regis	y subhits this statement for under the seent.	my MGR	egistered office or regi	stered agent, or both, in the	State of Florida.	am familiar with, a	accept	
the obligati	named entitions of regist	y subhits this statement for or printed name of registered again.	my MGF	ogistered office or regional office or region of the control of th	stered agent, or both, in the	State of Florida. 1	am familiar with, a	accept	
the obligati	Ons of regist	y subhits this statement for printed agent. To printed name of registered agents. FEE IS \$238.75 4, Fee will be \$377.50	my MGR	egistered office or regi	stered agent, or both, in the	/// 7	am familiar with, a	3	
the obligati	Ons of regist	or printed name of registered applica	MGP.	egistered office or regis Registered Agent signature r	stered agent, or both, in the equired when reinstaling)	/// 7	2013 k payable to rtment of State	\$	
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11. I hereby certify that the information supplied with this filing lices not qualify for the exemptions contained in Chapter 119, Florida Statutes Turther certify that the information indicated on this report is take and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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CITY- ST- ZIP

CITY- ST- ZIP

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CITY- ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

☐ Delete

☐ Delete

90@ Yahoo. Com

NOV

Change

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Addition