


2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L14000061890 1. Entity Name RIVAS T DRYWALL LLC	
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2016 OCT 27 AM 10: 54

OCT 27 2016

L BERGER

Principal Place of Business 1141 HAZEL GREEN RD QUINCY, FL 32352	Mailing Address 1141 HAZEL GREEN RD QUINCY, FL 32352
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10272016 REIN-LLC CR2E101 (12/11)

City & State Zip Country	City & State Zip Country	4. FEI Number APPLIED FOR
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Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RIVAS, MARCO T 1141 HAZEL GREEN RD QUINCY, FL 32352	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The 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.

SIGNATURE *Marco Rivas*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2017, Fee will be \$377.50

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		Delete
TITLE	MGR	<input type="checkbox"/>
NAME	RIVAS, MARCO T	
STREET ADDRESS	1141 HAZEL GREEN RD	
CITY- ST- ZIP	QUINCY, FL 32352	
TITLE	AP	<input checked="" type="checkbox"/>
NAME	RIVEROS, JOSE	
STREET ADDRESS	1141 HAZEL GREEN RD	
CITY- ST- ZIP	QUINCY, FL 32352	
TITLE	AP	<input checked="" type="checkbox"/>
NAME	PALACIOS, OSCAR A	
STREET ADDRESS	1141 HAZEL GREEN RD	
CITY- ST- ZIP	QUINCY, FL 32352	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS	REINSTATEMENT	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME	2016	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES		Change	Addition
TITLE	Dannis linar. Pineda	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME			
STREET ADDRESS	1141 Hazel Green Rd		
CITY- ST- ZIP	Quincy FL 32352		
TITLE	wuile Fredi	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME			
STREET ADDRESS	Cornejo 1141 Hazel Green Rd		
CITY- ST- ZIP	Quincy FL 32352		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true 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.

SIGNATURE: *Marco Rivas*

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

E-MAIL ADDRESS