

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000001066

1. Entity Name
PEARSON FOXCOR, LLC



FILED

04 OCT 25 PM 4:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
7145 HALCYON SUMMIT DRIVE
MONTGOMERY, AL 36117

Mailing Address
7145 HALCYON SUMMIT DRIVE
MONTGOMERY, AL 36117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212004 REIN-LLC

CR2E101 (6/04)

18/25

4. FEI Number
63-1285664

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PEARSON, DAVID E
7145 HALCYON SUMMIT DRIVE
MONTGOMERY, AL 36117

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP
MGR
FOX, JOHN A
9712 WEST MARKHAM
LITTLE ROCK, AR 72205

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REINSTATEMENT

W/penalty fees

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #