

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 16 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000003743

1. Entity Name
BIRD & LEINBACK, P.L.



Principal Place of Business
385 N. JEFFERSON STREET
MONTICELLO, FL 32344

Mailing Address
385 N. JEFFERSON STREET
MONTICELLO, FL 32344



2. Principal Place of Business - No P.O. Box #
165 E. Dogwood St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10102007 REIN-LLC CR2E101 (1/07)

City & State

Monticello, FL

City & State

4. FEI Number

04-3649738

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BIRD, T. BUCKINGHAM
385 N. JEFFERSON STREET
MONTICELLO, FL 32344

7. Name and Address of New Registered Agent

Name
Bird, T. Buckingham

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

165 E. Dogwood Street

City Monticello

FL

Zip Code 32344

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, 2008, 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

TITLE MGRM
NAME BIRD, T. BUCKINGHAM
STREET ADDRESS 872 WAUKEENAH HIGHWAY
CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Delete

TITLE MGRM
NAME LEINBACK, BRUCE
STREET ADDRESS 385 N. JEFFERSON STREET
CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM
NAME Leinback, Bruce
STREET ADDRESS 560 Waukeelah St.
CITY-ST-ZIP Monticello, FL 32344 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *T. Buckingham Bird*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/10/07 850 997-7503

Date

Daytime Phone #

REINSTATEMENT