

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L0300030227

1. Entity Name
LEPRECHAUN ENTERPRISES LLC

REINSTATEMENT 2004

Principal Place of Business
82 HOOT OWL HOLLOW
CRAWFORDVILLE, FL 32327

Mailing Address
P.O. BOX 564
CRAWFORDVILLE, FL 32326



FILED
2004 NOV 12 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10262004 REIN-LLC CR2E101 (6/04)

4. FEI Number
01 0794533

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

MCCALVIN, LEE
82 HOOT OWL HOLLOW
CRAWFORDVILLE, FL 32327

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. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SWANEY, TERESA
82 HOOT OWL HOLLOW
CRAWFORDVILLE, FL 32327 ☒ Delete

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

TITLE
NAME
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CITY - ST - ZIP
MGR
MCCALVIN, LEE
82 HOOT OWL HOLLOW
CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition
400042706884
11/12/04--01083--002 **50.00

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REINSTATEMENT 2004 ☐ Delete

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CITY - ST - ZIP
☐ Change ☐ Addition

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: Wendy Lee McCalvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

November 9, 2004 850 697-4695
Date Daytime Phone #