

01/17/05 MON 10:11 FAX 904 394 5396

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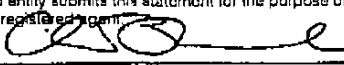
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002

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

2005 JAN 18 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000035159			
1. Entity Name TREE-MENDOUS OF NORTH FLORIDA, LLC			
Principal Place of Business 7673 US 1 SOUTH ST AUGUSTINE, FL 32086		Mailing Address 7673 US 1 SOUTH ST AUGUSTINE, FL 32086	
2. Principal Place of Business		3. Mailing Address 800 Lomax Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 109	
City & State		City & State Jacksonville	
Zip	Country	Zip	Country
32204	USA	32204	USA
4. FEI Number 56-2394942		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTERSON, BOND & LATSHAW, P.A. 3010 S. THIRD ST. JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent 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 		DATE	
FILE NOW!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, CARROLL R 800 LOMAX ST., STE. 109 JACKSONVILLE, FL 32204 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, CYNTHIA 800 LOMAX ST., STE 109 JACKSONVILLE, FL 32204 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: 		11/2/2005 904-794-7178	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : PATTERSON, BOND & LATSHAW, P.A.
Account Number : I20000000140
Phone : (904) 247-1770
Fax Number : (904) 394-5396

LIMITED LIABILITY REINSTATEMENT

TREE-MENDOUS OF NORTH FLORIDA, LLC

Certificate of Status	0
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