

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000045648

1. Entity Name
JEROME MITCHELL FRAMING-CONSTRUCTION LLC



Principal Place of Business

~~480 EDWARD RD~~
QUINCY, FL 32351

Mailing Address

~~480 EDWARD RD~~
QUINCY, FL 32351

2. Principal Place of Business

11945 Blue Star Hwy
Suite, Apt. #, etc.

3. Mailing Address

11945 Blue Star Hwy
Suite, Apt. #, etc.

City & State

Quincy FL

City & State

Quincy Fla

Zip

32352

Country

Gooden

Zip

32352

Country

10122004 REIN-LLC

CR2E101 (6/04)

4. FEI Number

92-0182525

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JEROME
480 EDWARD RD
QUINCY, FL 32351

7. Name and Address of New Registered Agent

Name

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

11945 Blue Star Hwy

City

Quincy

FL

Zip Code

32352

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MITCHELL, JEROME	
STREET ADDRESS	480 EDWARD RD	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JAMES, FRANK	
STREET ADDRESS	134 PENN RD	
CITY-ST-ZIP	QUINCYP, FL 32351	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GRADDY, JOSEPH	
STREET ADDRESS	PO BOX 982 RD	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	11945 Blue Star Hwy Quincy Fla 32352
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Jerome Mitchell

10-11-04

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

Date

Daytime Phone #

FILED
04 OCT 12 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

