



2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

15 OCT 14 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000046847			
1. Entity Name FANTASY BUILDERS, L.L.C.		Principal Place of Business 173 RUTLEDGE ROAD TALLAHASSEE, FL 32317	
Mailing Address 173 RUTLEDGE ROAD TALLAHASSEE, FL 32317		2. Principal Place of Business - No P.O. Box # 11079 CROWDER LOOP Suite, Apt. #, etc.	
3. Mailing Address 1679 CROWDER LOOP Suite, Apt. #, etc.		City & State Tall, FL	
City & State Tall, FL		Zip 32303	
Country		Country	
4. FEI Number 06-1713122		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, MICHAEL WAYNE 173 RUTLEDGE ROAD TALLAHASSEE, FL 32317		7. Name and Address of New Registered Agent Name MICHAEL WAYNE WALKER Street Address (P.O. Box Number is Not Acceptable) 11079 CROWDER LOOP City Tall, FL FL Zip Code 32303	
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 \$238.75 After January 1, 2016, Fee will be \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALKER, MICHAEL WAYNE 173 RUTLEDGE ROAD TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALKER MICHAEL WAYNE 11079 CROWDER LOOP TALL, FL. 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700278079277 10/14/15--01009--003 **238.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 

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

10-14-15 FANTASYBUILDERSLLC@GMAIL.COM

E-MAIL ADDRESS