

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000047460

1. Entity Name
ROLLINS SUPPLY LLC



16 SEP 27 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
730 ROLLINS ST
TALLAHASSEE, FL 32304

Mailing Address
PO BOX 1801
TALLAHASSEE, FL 32302



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09272016 REIN-LLC CR2E101 (12/11)

4. FEI Number

02-0686203

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

ROLLINS, BARBARA M
730 ROLLINS ST
TALLAHASSEE, FL 32304

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

Barbara M. Rollins 9-27-16

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2017, 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
ROLLINS, THOMAS
730 ROLLINS ST
TALLAHASSEE, FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400290693624
09/28/16--01005--003 **238.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROLLINS, BARBARA M
730 ROLLINS ST
TALLAHASSEE, FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CORING, WARNELL L
730 ROLLINS ST
TALLAHASSEE, FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROLLINS, THOMAS R
730 ROLLINS ST
TALLAHASSEE, FL 32304 ☐ 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 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: *Barbara M. Rollins 9-27-16*

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

E-MAIL ADDRESS