

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000048208

1. Entity Name
THE GROUT GIRLS, LLC



FILED

2007 MAR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8161 VIRGO ST
JACKSONVILLE, FL 32216 US

Mailing Address
8161 VIRGO ST
JACKSONVILLE, FL 32216 US

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

3. Mailing Address

03192007 REIN-LLC CR2E101 (1/07)

4. FEI Number
41-2120019

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

GRIFFIN, SUSAN J
8161 VIRGO ST
JACKSONVILLE, FL 32216

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 Susan J Griffin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-07

FILE NOW!!! FEE IS \$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

MGRM
GRIFFIN, SUSAN J
8161 VIRGO ST
JACKSONVILLE, FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

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REINSTATEMENT 06-07

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☐ 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: Susan J Griffin

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

3-24-07

Date

Daytime Phone #

904412
9003