

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000048380

1. Entity Name
GARY CHAMBLISS MASONRY L.L.C.



14 MAR 24 AM 10:32

STATE OF FLORIDA
TALLAHASSEE

Principal Place of Business
38 CHAMBLISS RD
HAVANA, FL 32333

Mailing Address
38 CHAMBLISS RD
HAVANA, FL 32333

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

03242014 REIN-LLC CR2E101 (12/11)

4. FEI Number
05-0591659

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

CHAMBLISS, GARY
38 CHAMBLISS RD
HAVANA, FL 32333

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. - MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CHAMBLISS, GARY
38 CHAMBLISS RD
HAVANA, FL 32333 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HARRISON, TIMMIE L
170 CHATAN DR.
HAVANA, FL 32333 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CHAMBLISS, ZACHARY W
38 CHAMBLISS RD
HAVANA, FL 32333 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800258177528
03/24/14--01007--007 **377.50
☐ 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
S. HAWKES
MAR 24
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EXAMINER
☐ 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:

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

Date

E-MAIL ADDRESS