

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 13 PM 2:26

DOCUMENT # L03000051988

1. Entity Name
RS CABINETS & CUSTOM WOODWORK, LLC



Principal Place of Business
8454 SPRINGHILL RD
TALLAHASSEE, FL 32305

Mailing Address
8454 SPRINGHILL RD
TALLAHASSEE, FL 32305

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

11112008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-0613974

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

BROOME, ANN
8454 SPRINGHILL RD
TALLAHASSEE, FL 32305

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

Ann L Broome

11-11-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

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 MGR
NAME BROOME, RAYMOND ☐ Delete
STREET ADDRESS 8454 SPRINGHILL RD
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE ☐ Change ☐ Addition
NAME 900137883299
STREET ADDRESS 11/13/08--01008--003 **138.75
CITY-ST-ZIP

TITLE MGRM
NAME HUNTLEY, DAN ☐ Delete
STREET ADDRESS 7751 COX RD
CITY-ST-ZIP TALLAHASSEE, FL 32305

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

TITLE MGR
NAME BROOME, ANN ☐ Delete
STREET ADDRESS 8454 SPRINGHILL RD
CITY-ST-ZIP TALLAHASSEE, FL 32305

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

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

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:

Ann L Broome

11-11-08

510-7334

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

Date

Daytime Phone #

REINSTATEMENT 2008