

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000056218

1. Entity Name
CHANNEY'S POWER WASHING LLC



FILED

06 SEP 12 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09122006 REIN-LLC CR2E101 (11/05)

Principal Place of Business

1555 DELANEY DR., #1216
TALLAHASSEE, FL 32308

Mailing Address

1555 DELANEY DR., #1216
TALLAHASSEE, FL 32308

2. Principal Place of Business

2799 Kennesaw PL
Suite, Apt. #, etc.

3. Mailing Address

Same

City & State

Tallahassee FL

City & State

Same

4. FEI Number

364357089

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANNEY, TY D
1555 DELANEY DR., #1216
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2798 Kennesaw PL

City

Tallahassee

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE MGRM ☐ Delete
NAME CHANNEY, TY D
STREET ADDRESS 1555 DELANEY DR., #1216
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2798 Kennesaw PL
CITY-ST-ZIP Tallahassee FL 32303

TITLE ☐ Change ☐ Addition
NAME 600079915116
STREET ADDRESS 09/14/06--01022--006
CITY-ST-ZIP **100.00

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

REINSTATEMENT

05-06

9-12-06