

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000003710

1. Entity Name
MIKE SHANNON L.L.C.



FILED

2006 JUL -5 AM 10:46

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

Principal Place of Business
**733 POINTE COURT, #B
TALLAHASSEE, FL 32308**

Mailing Address
**733 POINTE COURT, #B
TALLAHASSEE, FL 32308**

2. Principal Place of Business
1705 CANTERBURY ST

3. Mailing Address
1705 CANTERBURY ST

Suite, Apt. #, etc.



07052006 REIN-LLC CR2E101 (11/05)

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32308

Country
LEON

Zip
32308

Country
LEON

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHANNON, MIKE
733 POINTE COURT, #B
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name
MICHAEL PAUL SHANNON

Street Address (P.O. Box Number is Not Acceptable)
1705 CANTERBURY ST

City
Tallahassee

FL

Zip Code
32308

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 **Mike Shannon** DATE **7/5/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 SHANNON, MIKE 733 POINTE COURT, #B TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1705 CANTERBURY ST Tallahassee FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Mike Shannon** DATE **7/5/06**

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