

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 JUL 21 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000009300

1. Entity Name
D&B MAINTENANCE & REPAIR LLC



Principal Place of Business
155 NORTHWOOD LANE
CRAWFORDVILLE, FL 32327

Mailing Address
155 NORTHWOOD LANE
CRAWFORDVILLE, FL 32327



2. Principal Place of Business

11504 Kelli Loop

Suite, Apt. #, etc.

TALLAHASSEE

City & State

TALLAHASSEE FLA

Zip

32305

Country

LEON

3. Mailing Address

11504 Kelli Loop

Suite, Apt. #, etc.

TALLAHASSEE FLA

City & State

TALLAHASSEE FLA

Zip

32305

Country

LEON

07212006 REIN-LLC CR2E101 (11/05)

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

BEACH, CHARLES
155 NORTHWOOD LANE
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name: CHARLES BEACH
Street Address (P.O. Box Number is Not Acceptable):
11504 Kelli Loop

City: TALLAHASSEE

FL

Zip Code

32305

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

Charles Beach

(NOTE: Registered Agent signature required when reinstating)

DATE

7-21-06

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
NAME: BEACH, CHARLES
STREET ADDRESS: 155 NORTHWOOD LANE
CITY-ST-ZIP: CRAWFORDVILLE, FL 32327

☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☒ Change ☐ Addition
NAME: 11504 Kelli Loop
STREET ADDRESS: TALLAHASSEE FLA 32305
CITY-ST-ZIP: 6000779465200
07/25/06--01031--002 **100.00

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

TITLE: ☐ Change ☐ Addition
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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

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

Date

Daytime Phone #

7-21-06 (850) 421-1131