

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000012483

Entity Name: EARTH TONES, LLC

**FILED**  
**Mar 15, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

1713 MAHAN DR.  
SUITE C  
TALLAHASSEE, FL 32308 US

## **Current Mailing Address:**

1713 MAHAN DR.  
SUITE C  
TALLAHASSEE, FL 32308 US

## **New Principal Place of Business:**

2915 EAST PARK AVE  
SUITE 6  
TALLAHASSEE, FL 32301 US

## **New Mailing Address:**

2915 EAST PARK AVE.  
SUITE 6  
TALLAHASSEE, FL 32309 US

FEI Number: 20-0736951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

GARCIA, JASON M  
1713 MAHAN DR.  
SUITE C  
TALLAHASSEE, FL, FL 32308 US

## **Name and Address of New Registered Agent:**

GARCIA, JASON M  
2915 EAST PARK AVE  
SUITE 6  
TALLAHASSEE, FL, FL 32309 US

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.

SIGNATURE: JASON M. GARCIA

03/15/2007

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GARCIA, JASON M  
Address: 1713 MAHAN DR., SUITE C  
City-St-Zip: TALLAHASSEE, FL 32308 US

## **ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GARCIA, JASON M  
Address: 2915 EAST PARK AVE., SUITE 6  
City-St-Zip: TALLAHASSEE, FL 32309 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON M. GARCIA

MGR

03/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date