

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000014533

1. Entity Name  
ANTONIO GIDDENS OUTDOOR SERVICES LLC



**FILED**

05 NOV 29 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
125 BRAGG DRIVE  
TALLAHASSEE, FL 32305

Mailing Address  
125 BRAGG DRIVE  
TALLAHASSEE, FL 32305

2. Principal Place of Business

1630 BALKIN Rd LOT# 52  
Suite, Apt. #, etc.  
#52

3. Mailing Address

1630 BALKIN Rd  
Suite, Apt. #, etc.  
#52

11292005 REIN-LLC

CR2E101 (6/04)



City & State

TALL, FLA.  
Zip 32305 Country LEON

City & State

TALL FLA  
Zip 32305 Country LEON

4. FEI Number

34-1980592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIDDENS, ANTONIO  
125 BRAGG DRIVE  
TALLAHASSEE, FL 32305

1630 BALKIN Rd LOT# 52

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$50.00**  
**After January 1, 2006, Fee will be \$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 GIDDENS, ANTONIO  
STREET ADDRESS 125 BRAGG DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME ANTONIO GIDDENS  
STREET ADDRESS 1630 BALKIN Rd LOT# 52  
CITY-ST-ZIP TALL, FLA. 32305

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Antonio Giddens

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

11/29/05

Date

(50) 575-7833

Daytime Phone #