

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000021939

1. Entity Name
MCH, LLC



FILED

2008 OCT -9 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FL



Principal Place of Business
934 DEEDRA AVE
PENSACOLA, FL 32514

Mailing Address
934 DEEDRA AVE
PENSACOLA, FL 32514 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10072008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number

20-0895392

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GENTRY, HAROLD
934 DEEDRA AVE
PENSACOLA, FL 32533

Name

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

City

FL

Zip Code

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 \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GENTRY, HAROLD
934 DEEDRA AVE
PENSACOLA, FL 32514 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
000136780990
10/09/08--01042--006 **238.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
GENTRY, CAROL C
934 DEEDRA AVE
PENSACOLA, FL 32514 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CLARK, MARK S
1758 BOOTH LAKE
CANTONMENT, FL 32533 ☐ Delete

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

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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

08

10/7/08 850-476-2830