

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000022334

1. Entity Name
ROY TRENTON LC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 21 AM 11:39

Principal Place of Business
5019 CANAL ST
MILTON, FL 32570

Mailing Address
5019 CANAL ST
MILTON, FL 32570



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10102008 REIN-LLC CR2E101 (1/07)

4. FEI Number
71-0964875

Applied For
Not Applicable

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

TRENTON, ROY J
5019 CANAL ST
MILTON, FL 32570

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

Roy Trenton

(NOTE: Registered Agent signature required when reinstating)

Oct 10, 2008

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

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 MGR
NAME TRENTON, ROY J
STREET ADDRESS 5019 CANAL ST
CITY-ST-ZIP MILTON, FL 32570

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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10/16/08--01037--011 **138.75

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CITY-ST-ZIP

☐ Change ☐ Addition

REINSTATEMENT 2008

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:

Roy Trenton

Oct 10, 2008

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

Date

Daytime Phone #