

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 17 AM 9:02

DOCUMENT # L04000026510-
1. Entity Name
THE MARY A, LLC



Principal Place of Business
226 NORTH DUVAL STREET
TALLAHASSEE, FL 32301

Mailing Address
P.O. BOX 1633
TALLAHASSEE, FL 32317

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 13633
Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

Zip
32317-3633

Country



10132006 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-1239925

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LINDSEY, WM. SCOTT
1407 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and its address (if applicable)
DATE _____

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUDNICK, JAMES M 226 NORTH DUVAL STREET TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600080889286 10/17/06--01009--033 **100.00
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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] 10/13/06 850-671-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #