

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000041378

**Entity Name:** RHONDA T SKIPPER, LLC

**FILED**  
**Oct 08, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

16416 TAMPA STREET  
BROOKSVILLE, FL 34604 US

**New Principal Place of Business:**

**Current Mailing Address:**

16416 TAMPA STREET  
BROOKSVILLE, FL 34604 US

**New Mailing Address:**

**FEI Number:** 20-1140126

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKIPPER, RHONDA T MGRM  
16416 TAMPA ST  
BROOKSVILLE, FL 34604 US

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

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:** RHONDA T SKIPPER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** SKIPPER, RHONDA T  
**Address:** 16416 TAMPA STREET  
**City-St-Zip:** BROOKSVILLE, FL 34604 US

**Title:** MGRM  
**Name:** SKIPPER, MICHAEL A SR  
**Address:** 16416 TAMPA STREET  
**City-St-Zip:** BROOKSVILLE, FL 34604 US

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** RHONDA T SKIPPER

MGR

10/08/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date