

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000041983

1. Entity Name  
LAW OFFICES MICHAEL RAYNE & ASSOCIATES LLC



FILED

05 OCT 13 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1112 SOUTH MAGNOLIA DRIVE 1104  
TALLAHASSEE, FL 32301

Mailing Address  
1112 SOUTH MAGNOLIA DRIVE 1104  
TALLAHASSEE, FL 32301

327 OFFICE PLAZA DR

2. Principal Place of Business

106  
Suite, Apt. #, etc.  
TALLAHASSEE, FL  
City & State

3. Mailing Address

327 OFFICE PLAZA DR  
106  
Suite, Apt. #, etc.  
TALLAHASSEE, FL  
City & State

10132005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
35-2232208

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

Zip  
32301

Country  
USA

Zip  
32301

Country  
USA

6. Name and Address of Current Registered Agent

RAYNE, MICHAEL  
1112 SOUTH MAGNOLIA DRIVE 1104  
TALLAHASSEE, FL 32301

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

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  
NAME  
MGRM  
RAYNE, MICHAEL  
STREET ADDRESS  
1112 SOUTH MAGNOLIA DRIVE 1104  
CITY-ST-ZIP  
TALLAHASSEE, FL 32301

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
MGRM  
MICHAEL RAYNE  
STREET ADDRESS  
8382 Fordham Lane  
CITY-ST-ZIP  
TALLAHASSEE, FL 32305

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

Date

Daytime Phone #