

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 JUN -9 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000046698

1. Entity Name
RONNIE SMITH CONCRETE, LLC



Principal Place of Business
9426 HAPPY TRAIL
TALLAHASSEE, FL 32305

Mailing Address
9426 HAPPY TRAIL
TALLAHASSEE, FL 32305

2. Principal Place of Business
321 Great Lakes
Suite, Apt. #, etc.

3. Mailing Address
JAA
Suite, Apt. #, etc.

City & State
Tall FL
Zip
32305
Country
Leon

City & State
Zip
Country



06092006 REIN-LLC CR2E101 (11/05)

4. FEI Number ☐ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, RONNIE
9426 HAPPY TRAIL
TALLAHASSEE, FL 32305
Similar as above

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 *Ronnie Smith* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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 SMITH, RONNIE 9426 HAPPY TRAIL TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400076299634 06/16/06--01050--011 **100.00	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Ronnie Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #