


2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000056534		
1. Entity Name GARNER'S FLOORING LLC		

FILED

12 OCT 31 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 14702 NW HOECAKE RD BRISTOL, FL 32321	Mailing Address 14702 NW HOECAKE RD BRISTOL, FL 32321
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BK



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

10312012 REIN-LLC CR2E101 (12/11)

4. FEI Number 74-3127426	Applied For Not Applicable
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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	
GARNER, WILLIAM 14702 NW HOECAKE RD BRISTOL, FL 32321		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) DATE

FILE NOW!!! FEE IS \$238.75 After January 1, 2013, Fee will be \$377.50	BK	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GARNER, WILLIAM 8282 NW RIVER RD. BRISTOL, FL 32321 <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	MGRM GODWIN, COLBY NW CR 6719992 BRISTOL, FL 32321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	400241371094 <input type="checkbox"/> Addition 10/31/12--01018--004 **238.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 2012

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS