

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000058545

1. Entity Name  
M & F INSTALLATIONS, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 20 AM 9:36

Principal Place of Business  
LIVE OAK  
LIVE OAK, FL 32064 US

Mailing Address  
PO BOX 608  
LIVE OAK, FL 32064 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

301 NW COLE TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06172008 REIN-LLC CR2E101 (1/07)

City & State

Lake City FL

4. FEI Number  
20-1475886

Applied For  
Not Applicable

Zip

Country

Zip

Country

32025 US

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

FOLSOM, LYNDIA M  
548 CHANBRIDGES DRIVE  
JASPER, FL 32052

Name  
Mike Fox

Street Address (P.O. Box Number is Not Acceptable)  
301 NW COLE TERRACE

City  
Lake City

FL Zip Code  
32025

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

6-17-8

FILE NOW!!! FEE IS \$277.50

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  
FOX, MICHAEL D  
7759 162ND TRAIL  
LIVE OAK, FL 32060 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
301 NW COLE TERRACE  
Lake City FL 32025 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500131499305  
06/19/08--01033--001 \*\*\*377.50 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
REINSTATEMENT  
W/O/P 07-08 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Ullt ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

Daytime Phone #

6-17-8 386-754-8767