

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000064220

1. Entity Name
TIPPIN & TIFTON, LLC



FILED

2009 FEB -3 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
201 EAST GOVERNMENT STREET
C/O BENTIN PROPERTIES
PENSACOLA, FL 32502

Mailing Address
201 EAST GOVERNMENT STREET
C/O BENTIN PROPERTIES
PENSACOLA, FL 32502

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

01242009 REIN-LLC CR2E101 (1/07)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

BENTIN PROPERTIES, INC
201 EAST GOVERNMENT STREET
PENSACOLA, FL 32502

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 one if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGMR
CHOICE CAPITAL LLC
PO BOX 1083
GULF BREEZE, FL 32562

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100142709521
02/03/09--01011--016 **\$277.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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RECEIVED FEB 11 2009

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

02-4-09

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: *Choice Capital, LLC, Ben Clabach as manager* Ben Clabach as manager of
Date: 1/24/09 850-242-3848
Daytime Phone #

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

Choice Capital, LLC, Managing Member of Tippin & Tifton, LLC