

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

16 JUL 27 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800288418828
07/27/16-01014-001 ***\$77.50



07272016 REIN-LLC CR2E101 (12/11)

DOCUMENT # L04000064478 1. Entity Name WILLIAM R SUTTON PAINTING LLC					
Principal Place of Business 7906 MCCLURE DR TALLAHASSEE, FL 32312			Mailing Address 7906 MCCLURE DR TALLAHASSEE, FL 32312		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0549731	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SUTTON, WILLIAM R 7906 MCCLURE DR TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9409 DOCK HAVEN TRL City TALLAHASSEE FL 32312	
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, 2017, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SUTTON, WILLIAM R 7906 MCCLURE DR TALLAHASSEE, FL 32312		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SUTTON William R 786 PIERCE CHAPL Rd CAIRO Ga 39828	
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	☐ Change ☐ Addition	
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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 _____ E MAIL ADDRESS _____					

REINSTATEMENT