

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L04000066423**

1. Entity Name  
**JOHNNY AARON'S FLOOR COVERING, LLC**



FILED

05 OCT 14 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>4005 BISHOP ROAD TALLAHASSEE, FL 32305</b>	Mailing Address <b>4005 BISHOP ROAD TALLAHASSEE, FL 32305</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10142005 REIN-LLC CR2E101 (6/04)

City & State	City & State
Zip	Country
Zip	Country

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**AARON, JOHNNY R SR.  
4005 BISHOP ROAD  
TALLAHASSEE, FL 32305**

**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 *Johnny Aaron* (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Managing Member</i> <b>Johnny AARON</b> <i>4005 Bishop Rd, Tallahassee FL 32305</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Managing member</i> <b>Robert Aaron</b> <i>4005 Bishop Rd Tallahassee FL 32305</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Managing member</i> <b>William Heatherly</b> <i>4005 Bishop Rd Tallahassee FL 32305</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000060725990</b> <b>10/18/05--01077--009 **50.00</b>
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Johnny Aaron* 10-14-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #