

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000010800

1. Entity Name
FOUNTAINS MANAGEMENT LLC



FILED

06 DEC -1 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12012006 REIN-LLC CR2E101 (11/05)

4. FEI Number ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, ERIC
1237 AIRPORT DR.
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name Eric Fountain
Street Address (P.O. Box Number is Not Acceptable)
1237 Airport Dr.
Tallahassee, FL
City Florida FL Zip Code 32304

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

Eric Fountain

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-01-06

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

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 MGR Managing Member ☐ Delete
NAME FOUNTAIN, ERIC
STREET ADDRESS 1237 AIRPORT DR.
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE Managing Member ☐ Delete
NAME Ap. 1237 Dr.
STREET ADDRESS 1237 Airport Dr.
CITY-ST-ZIP Tallahassee, FL 32304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400092740414
12/22/06--01029--006 **\$50.00

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

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

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:

Eric Fountain

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

Date

12-01-06

Daytime Phone #