

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

15 OCT 26 PM 2: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LOS000045650**

1. Limited Liability Company's Name

HORACE BRADLEY SHEFFIELD BUILDERS

2. Principal Office Address - No P.O. Box #

4564 AMBER VALLEY DR

3. Alternate Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE

City & State

TALLAHASSEE

Zip

32312

Country

LEON

Zip

Country

8. Name and Address of Current Registered Agent

Name

HORACE B SHEFFIELD

Street Address (P.O. Box Number is Not Acceptable) Suite

4564 AMBER VALLEY DR

Apt. # Etc

City

TALLAHASSEE

State

FL

Zip Code

32312

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

Date **10-26-15**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	HORACE SHEFFIELD	4564 AMBER VALLEY	TALLAHASSEE FL 32312
REINSTATEMENT 2014-2015			OCT 26 2015
			L. SELLER

11 E-mail Address

hbsheffield@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date

10-26-15

Daytime Phone #

Typed or printed name of signing authorized representative/member