2012 LIMITED LIABILITY COMPANY REINSTATEMENT

KEINSTATEMENT				
DOCUMENT # L05000051502			FILED	
Entity Name RICHARD MILLER, LLC	tity Name		12 OCT 23: PM 4: 09	
		100		
Principal Place of Business	Mailing Address		SECRETARY OF STATE TALLAHA®SEE, FLORIDA	
3404 APALACHEE PARKWAY - C Tallahassee, Fl 32311	PO BOX 15936 Tallahassee, Fl. 3231	17	True and the	
TALLAHASSEL, FE 32311	TALLAHASSEL, FL SZST	17	A INDICAL PROPERTY OF THE PARTY	
2. Principal Place of Business - No P.O. I	Box# 3. Mailing Address			
4 Blue Dolphin		375	T TO BELLOW TO THE BEATH OF STATE BEATH OF STATE AND STA	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-	10232012 REIN-LLC CR2E101 (12/11)	
Crawforduille FI	City & State	e F1	4. FEI Number Applied For 59-3259135 Not Applicab	
Zip Country	\$2327	Country .	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	
MILLER, RICHARD				
3404 APALACHEE PARKWAY -	·C	Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE, FL 32311		4 Blue Dolphin Dr.		
		City (FC	こというでしいいと FL ZBCの第27	
The above named entity submits this s the obligations of registered agent.	tatement for the purpose of changing its re	egistered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accept	
	1120/2			
SIGNATURE Signature, but of committed name out	grave additions and title if applicable. (NOTE:	Registered Agent signature	required when reinstating) DATE	
FILE NOW!!! FEE IS \$238.7 After January 1, 2013, Fee will be	75 5 \$377.\$0		Make check payable to Florida Department of State	
9. MANAGII	NG MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE MGRM	☐ Delete	TITLE N	AGRA GAddit	
NAME MILLER, RICHARD H STREET ADDRESS PO BOX 15936		NAME	Willer Richard H. Box 1375	
CITY-ST-ZIP TALLAHASSEE, FL 32	2317	CITY-ST-ZIP C	rawfordville F1, 32327	
TITLE MGRM	☐ Delete		D	
NAME MILLER, TRAVIS J STREET ADDRESS PO BOX 15936		NAME NAME STREET ADDRESS	Consider Travis 3.	
CITY-ST-ZIP TALLAHASSEE, FL 32	2317	CITY- ST- ZIP	rowford ville f1 \$2327	
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CITY+ \$T- ZIP		CITY- ST- ZIP	L. SELLERS	
11. I hereby certify that the intermation 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: / Al Miles				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 6-MAIL ADDRESS				
SIGNATURE AND I THE UR PRINTED HAME UP SIGNAU MANAGINU MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE USES LIMBUR AUTHESS				