

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000068496

1. Entity Name  
HOW TO HAVE FUN RENTALS LLC



FILED

12 MAR 23 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8140 BLOYS COURT  
TALLAHASSEE, FL 32312

Mailing Address  
8140 BLOYS COURT  
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

Zip

Country

Zip

Country

03232012 REIN-LLC CR2E101 (12/11)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

HOWARD, KEITH G  
8140 BLOYS COURT  
TALLAHASSEE, FL 32312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGRM  
HOWARD, KENNETH G  
8147 VIBURNUM COURT  
TALLAHASSEE, FL 32312

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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MAR 23 2012

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L SELLERS

TITLE  
NAME  
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CITY- ST- ZIP

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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