

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000096628

1. Entity Name  
BRENT F. UTLEY, L.L.C.



Principal Place of Business  
P.O. BOX 14246  
TALLAHASSEE, FL 32317

Mailing Address  
P.O. BOX 14246  
TALLAHASSEE, FL 32317

2. Principal Place of Business - No P.O. Box #

1105 SANDHURST DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

City & State

Zip

32312

Country  
LEON

Country

11292007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
APPLIED FOR

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UTLEY, BRENT F  
1105 SANDHURST DRIVE  
TALLAHASSEE, FL 32312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
UTLEY, BRENT F  
P.O. BOX 14246  
TALLAHASSEE, FL 32317 ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
500112716605  
11/30/07--01012--004 \*\*50.00

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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:

Brent F. Utley

November 29, 2007

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

Date

Daytime Phone #

FILED

07 NOV 29 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

