

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000112187

1. Entity Name  
STRICK EXTERIORS LLC



**FILED**

09 FEB 18 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
348 ROSE ST.  
SOPCHOPPY, FL 32358

Mailing Address  
P.O. BOX 457  
SOPCHOPPY, FL 32358



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02182009 REIN-LLC CR2E101 (1/07)

4. FEI Number

86-1151849

Applied For

Not Applicable

Zip

Country

Zip

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

STRICKLAND, JASON O  
348 ROSE ST  
SOPCHOPPY, FL 32358

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 \$277.50**

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

10. ADDITIONS/CHANGES

TITLE  
NAME MGRM  
STREET ADDRESS STRICKLAND, MALCOME  
CITY-ST-ZIP 348 ROSE ST.  
SOPCHOPPY, FL 32358 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 000143281850  
CITY-ST-ZIP 02/18/09--01007--021 \*\*277.50 ☐ Change ☐ Addition

TITLE  
NAME MGRM  
STREET ADDRESS STRICKLAND, JASON O  
CITY-ST-ZIP 348 ROSE ST.  
SOPCHOPPY, FL 32358 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP *2-18-09* ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

2/18/09 (850) 590-9687

Date

Daytime Phone #

**REINSTATEMENT**