

2008 LIMITED LIABILITY COMPANY REINSTATEMENT


FILED

08 JAN -7 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000000389

1. Entity Name
FLOORING BY PRIMO LLC



Principal Place of Business
7139 JHON WAYNE CT
TALLAHASSEE, FL 32305

Mailing Address
7139 JHON WAYNE CT
TALLAHASSEE, FL 32305



2. Principal Place of Business - No P.O. Box #
4837 Brittany Blvd
Tallahassee FL
City & State
32303

3. Mailing Address
P.O. Box 180837
City & State
Tallahassee FL
Zip
32318

Country
Leon

01072008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent
RICO, PRIMO
7139 JHON WAYNE CT
TALLAHASSEE, FL 32305

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Primo Rico
Street Address (P.O. Box Number is Not Acceptable)
4837 Brittany Blvd
City
Tallahassee FL
Zip Code
32303

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 Primo Rico
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 STREET ADDRESS CITY - ST - ZIP | MGRM RICO, PRIMO 7139 JHON WAYNE CT TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM RICO, PRIMO 4837 Brittany Blvd Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 900114876359 01/14/08--01003--021 **277.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Primo Rico 01/07/08 25L1944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT 2007-08