2016 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L06000000389

1. Entity Name
FLOORING BY PRIMO LLC

Principal Place of Business	Mailing Address
1450 SAND RD TALLAHASSEE, FL 32310	1450 SAND RD TALLAHASSEE, FL 32310

10032016   REIN-LLC   CR2E101 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4. FEI Number** NOT APPLICABLE	Applied For Not Applicable
City & State	City & State	**5. Certificate of Status Desired** ☐	**$5.00** Additional Fee Required
Zip / Country	Zip / Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICO, PRIMO 1450 SAND RD TALLAHASSEE, FL 32310	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 _Primo Rico_   10/03/2016

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $238.75 **After January 1, 2017, Fee will be $377.50**	**Make check payable to** **Florida Department of State**

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	RICO, PRIMO	
STREET ADDRESS	1450 SAND RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	

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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_   10/03/16   Primorico2020@Gmail.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   E-MAIL ADDRESS