

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000017765		
1. Entity Name BRANDON WONSCH FLOOR COVERING LLC		

Principal Place of Business 9160 DUGGAR ROAD TALLAHASSEE, FL 32305	Mailing Address 9160 DUGGAR ROAD TALLAHASSEE, FL 32305
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

10012012 REIN-LLC	CR2E101 (12/11)
4. FEI Number 06-1769280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

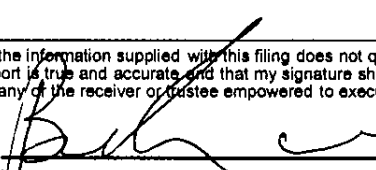
6. Name and Address of Current Registered Agent	
WONSCH, BRANDON 9160 DUGGAR ROAD TALLAHASSEE, FL 32305	

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 	DATE
NOTE: Registered Agent signature required when reinstating	

FILE NOW!!! FEE IS \$238.75 After January 1, 2013, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WONSCH, BRANDON 9160 DUGGAR ROAD TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	DATE
E-MAIL ADDRESS	

FILED
12 OCT -1 AM 11:01
TALLAHASSEE, FLORIDA



REINSTATEMENT
2012

700240273857
10/01/12--01003--027 ☐ Change ☐ Addition
**238.75

OCT -1 2012
T. HAMPTON