## 2015 LIMITED LIABILITY COMPANY

DOCUMENT # L06000017765 15 SEP 28 AH 9: 09 BRANDON WONSCH FLOOR COVERING LLC Principal Place of Business Mailing Address 9160 DUGGAR ROAD 9160 DUGGAR ROAD TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 09282015 REIN-LLC CR2E101 (12/11) City & State 4. FEI Number Applied For City & State 06-1769280 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WONSCH, BRANDON 9160 DUGGAR BOAD TALLAHASSEE, FL 32305 Street Address (P.O. Box Number is Not Acceptable) Zip Code FL shove 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 Make check payable to FILE NOW!!! FEE IS \$238.75 After January 1, 2016, Fee will be \$377.50 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 MGRM TITLE Delete TITLE Change Addition WONSCH, BRANDON NAME NAME STREET ADDRESS 9160 DUGGAR ROAD STREET ADDRESS City-St-ZiP TALLAHASSEE, FL 32305 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME 900277487569 STREET ADDRESS STREET ADDRESS 09/28/15--01002--011 \*\*238.75 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST- ZIP TITLE Delete IULE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplies 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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

The College

E-MAIL ADDRESS

