

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000035188

1. Entity Name
ACCENT EXTERIORS L.C.



Principal Place of Business
6842 TOMMY LEE
TALLAHASSEE, FL 32304

Mailing Address
6842 TOMMY LEE
TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box #
4282 B BREWSTER RD.
Suite, Apt. #, etc.

3. Mailing Address
4282 B BREWSTER RD.
Suite, Apt. #, etc.

City & State
TALLAHASSEE
Zip
32308
Country
USA

City & State
TALLAHASSEE, FL.
Zip
32308
Country
USA

10082007 REIN-LLC CR2E101 (1/07)

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PORTER, MITCH
6842 TOMMY LEE
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name
MITCH PORTER
Street Address (P.O. Box Number is Not Acceptable)
4282 B BREWSTER RD.
City
TALLAHASSEE FL Zip Code
32308

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 \$50.00
After January 1, 2008, Fee will be \$100.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PORTER, MITCH
6842 TOMMY LEE
TALLAHASSEE, FL 32304 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MITCH PORTER
4282 B BREWSTER RD.
TALLAHASSEE, FL 32308 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100110517361
10/09/07--01015--008 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Delete

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☐ 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

Date

Daytime Phone #