

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000045314

1. Entity Name
SWEET ACTION FRAMING LLC



FILED

08 FEB 11 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
982 W BREVARD STREET APT. B16
TALLAHASSEE, FL 32304

Mailing Address
982 W BREVARD STREET APT. B16
TALLAHASSEE, FL 32304

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

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country Zip Country

02112008 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

SYKES, LESHAWN G
1630 BALKIN ROAD LOT #95
TALLAHASSEE, FL 32305

7. Name and Address of New Registered Agent

Name Leshawn G Sykes
Street Address (P.O. Box Number is Not Acceptable)
982 W Brevard Street Apt. B16
City Tallahassee FL Zip Code 32304

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]*
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

2/11/08
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

TITLE MGRM
NAME SYKES, LESHAWN G
STREET ADDRESS 982 W BREVARD STREET APT B16
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

REINSTATEMENT 07-08

200118347262
02/19/08--01045--026 **277.50

L. SELLERS

FEB 11 2008

EXAMINER

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

2/11/08
Date

Daytime Phone #