

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 12 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10122007 REIN-LLC CR2E101 (1/07)

4. FEI Number **16-1763809**  
Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L06000058639  
1. Entity Name  
GO-N-GLOW SERVICES LLC



Principal Place of Business  
3607 FALCON DR  
TALLAHASSEE, FL 32305

Mailing Address  
3607 FALCON DR  
TALLAHASSEE, FL 32305

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

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

City & State  
Zip Country

6. Name and Address of Current Registered Agent  
MERRILL, LINDA C  
3607 FALCON DR  
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 \_\_\_\_\_  
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MERRILL, LINDA C 3607 FALCON DR TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400110940144</b> <b>10/18/07--01009--005 **50.00</b>
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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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: Linda C. Merrill **10/12/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #