

# 2015 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000066812

1. Entity Name  
CALJO, LLC



Principal Place of Business  
2952 EDENDERRY DRIVE  
TALLAHASSEE, FL 32309

Mailing Address  
2952 EDENDERRY DRIVE  
TALLAHASSEE, FL 32309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09282015 REIN-LLC CR2E101 (12/11)

4. FEI Number  
36-4593563

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALHOUN, CARL R  
2952 EDENDERRY DRIVE  
TALLAHASSEE, FL 32309

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

*Carl R. Calhoun*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

28 Sept 15

DATE

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2016, Fee will be \$377.50**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CALHOUN, CARL R  
2952 EDENDERRY DRIVE  
TALLAHASSEE, FL 32309 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
OFF  
CALHOUN, THERESA A  
2952 EDENDERRY DRIVE  
TALLAHASSEE, FL 32309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
300277485133  
09/28/15--01002--001 \*\*238.75

TITLE  
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TITLE  
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☐ Change ☐ Addition  
S. HAWKES  
SEP 28 AM,

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

*Carl R. Calhoun*

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

E-MAIL ADDRESS