


# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L06000086878</b>		
1. Entity Name <b>FALCON FLOOR COVERING, LLC</b>		

Principal Place of Business <b>14976 GRASS HOPPER TRAIL TALLAHASSEE, FL 32310</b>	Mailing Address <b>14976 GRASS HOPPER TRAIL TALLAHASSEE, FL 32310</b>
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
<b>FALCON, JORGE 14976 GRASS HOPPER TRAIL TALLAHASSEE, FL 32310</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State <b>FL</b> 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 <u>Jorge Falcon</u>	DATE <u>12-13-11</u>

<b>FILE NOW!!! FEE IS \$238.75 After January 1, 2012, Fee will be \$377.50</b>	<b>Make check payable to Florida Department of State</b>
--	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FALCON, JORGE 14976 GRASS HOPPER TRAIL TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

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: <u>Jorge Falcon</u>	DATE <u>12-13-11</u>

**FILED**  
**11 DEC 13 PM 1:14**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

12132011 REIN-LLC CR2E101 (1/07)

4. FEI Number <b>46-7110978</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
---	---

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100215159851 12/13/11--01013--020 **238.75	
---	--

<b>REINSTATEMENT</b>	
----------------------	--