

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000092693

1. Entity Name
R.GEORGE'S PAVING LLC



2007 OCT 16 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4311 OKEECHOBEE BLVD LOT #52
WEST PALM BEACH, FL 33409

Mailing Address
735 FALLS GROVES DR. APT #8011
ROCKVILLE, FL 20850

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

3. Mailing Address
9710 Sky Hill Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.
201

City & State

City & State
Rockville MD.

Zip

Country

Zip
20850

Country
Maryland

10092007 REIN-LLC

CR2E101 (1/07)

4. FEI Number
134345975

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

GEORGE, RICHIE
4311 OKEECHOBEE BLVD LOT #52
WEST PALM BEACH, FL 33409

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

10-9-07

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
MGR
GEORGE, RICHIE
4311 OKEECHOBEE BLVD LOT #52
WEST PALM BEACH, FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200110837432
10/17/07--01036--002 **50.00 ☐ Change ☐ Addition

TITLE
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TITLE
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REINSTATEMENT 2007 ☐ Change ☐ Addition

TITLE
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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 #

10-9-07