

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000117896

1. Entity Name  
MIX-A-LOTA-STUFF, LLC



FILED

09 JAN -8 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
4828 N KINGS HIGHWAY  
FORT PIERCE, FL 34951 22

Mailing Address  
4828 N KINGS HIGHWAY  
FORT PIERCE, FL 34951 22

CHANGE

2. Principal Place of Business - No P.O. Box #  
2881 SE HUTCHINGS AVE

3. Mailing Address - SAME



11062008 REIN-LLC CR2E101 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PORT ST LUCIE FL

City & State

4. FEI Number  
22-8630480

Applied For  
Not Applicable

Zip  
34952

Country

ST LUCIE

Zip  
34952

Country

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

HUFF TAX & ACCOUNTING SERVICES  
900 EAST OCEAN BLVD  
D-232  
STUART, FL 34994

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 \$138.75  
After January 1, 2009, Fee will be \$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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CHINN, BRENDA  
4828 N KINGS HIGHWAY  
FORT PIERCE, FL 34951 - ADDRESS CHANGE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BRENDA CHINN  
2881 SE HUTCHINGS AVE  
PORT ST LUCIE FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200139404712  
12/31/08--01071--002 \*\*138.75

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

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☐ Delete

TITLE  
NAME  
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: Brenda Chinn Brenda Chinn

12-29-08

727-365-7328

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

Date

Daytime Phone #

REINSTATEMENT