

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000003994

1. Entity Name
FREEBEAU SWINDLE, LLC



FILED

13 JUL 19 PM 1:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1218 LUCY STREET
TALLAHASSEE, FL 32308

Mailing Address
1218 LUCY STREET
TALLAHASSEE, FL 32308

2. Principal Place of Business - No P.O. Box #
3700 Capital Circle SE.

3. Mailing Address
3700 Circle SE.



07192013 REIN-LLC CR2E101 (12/11)

Suite, Apt. #, etc.
Apt. 1205

Suite, Apt. #, etc.
Apt. 1205

City & State
Tallahassee FL

City & State
Tallahassee FL

4. FEI Number
34-2027987

Applied For
Not Applicable

Zip
32301

Country
USA

Zip
32301

Country
USA

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

6. Name and Address of Current Registered Agent

SWINDLE, FREEBEAU
1218 LUCY STREET
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name
Freebeau Swindle

Street Address (P.O. Box Number is Not Acceptable)

3700 Capital Circle SE.

City
Tallahassee

FL

Zip Code
32301

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]

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

(NOTE: Registered Agent signature required when reinstating)

7/19/2013

DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SWINDLE, FREEBEAU
1218 LUCY STREET
TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3700 Capital Circle SE. Apt. 1205
Tallahassee, FL 32301 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800249961368
07/19/13--01029--010 ☐ Change ☐ Addition

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

REINSTATEMENT

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]

7/19/13

Bo. Nelson as gen. m. (cm)

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

E-MAIL ADDRESS