

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000006726

1. Entity Name
SUPER SHINE MOBILE EXPRESS LLC.



FILED

09 MAY 12 AM 9:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

4407 CENTENNIAL DR.
ORLANDO, FL 32808

Mailing Address

4407 CENTENNIAL DR.
ORLANDO, FL 32808

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

04302009

REIN-LLC

CR2E101 (1/07)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMUEL, TEAGUE
4407 CENTENNIAL DR.
ORLANDO, FL 32808

7. Name and Address of New Registered Agent

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 \$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

TITLE MGRM ☐ Delete
NAME RUTLAND, EBONY
STREET ADDRESS 4407 CENTENNIAL DR
CITY-ST-ZIP ORLANDO, FL 32808

TITLE MGRM ☐ Delete
NAME SHELIA, JOHNSON
STREET ADDRESS 4407 CENTENNIAL DR
CITY-ST-ZIP ORLANDO, FL 32808

TITLE MGR ☐ Delete
NAME SAMUEL, TEAGUE
STREET ADDRESS 4407 CENTENNIAL DR
CITY-ST-ZIP ORLANDO, FL 32808

TITLE ☐ Delete
NAME L. SELLERS
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME MAY 13 2009
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME EXAMINER
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 400155621644
STREET ADDRESS 05/07/09--01011--009
CITY-ST-ZIP **138.75

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

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

TITLE ☐ Change ☐ Addition
NAME 4/15/08 90104/028
STREET ADDRESS \$138.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT
STREET ADDRESS 08-09
CITY-ST-ZIP

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 #

Document# 6726
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2008 & 2009 Limited Liability Company Reinstatement

- Enclosed you will find a money order for \$138.75 to pay this years annual report fee. You have \$138.75 for last years fee on file. We were not aware of the fact that the annual report for last year did not reach you nor did we receive a notice of that fact.
- The reinstatement form is also enclosed.
- Sincerely,
- Samuel Teague/Owner/Manager