


# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000015696		
1. Entry Name SPENCER FAMILY ENTERPRISES, L.L.C.		

FILED

11 OCT 13 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 640 EAST CALL STREET TALLAHASSEE, FL 32301	Mailing Address 640 EAST CALL STREET TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10132011 REIN-LLC CR2E101 (1/07)

City & State	City & State
Zip	Country

4. FEI Number 20-8427986	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GOLDBERG, STUART E ESQ. 2039 CENTRE POINTE BLVD., SUITE 201 TALLAHASSEE, FL 32308	

7. Name and Address of New Registered Agent	
Name <u>WILLIAM E. SPENCER</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>640 E. CALL ST.</u>	
City <u>TALLAHASSEE</u>	FL Zip Code <u>32301</u>

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 William E. Spencer DATE 10-13-11  
Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75 After January 1, 2012, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPENCER, WILLIAM E 640 EAST CALL STREET TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: William E. Spencer DATE 10-13-11  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE