

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000026742

1. Entity Name  
PROFESSIONAL FLOORING LLC



**FILED**

09.MAR 19 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2500 MERCHANTSROW BLVD.  
APT. 187  
TALLAHASSEE, FL 32311

Mailing Address  
2500 MERCHANTSROW BLVD.  
APT. 187  
TALLAHASSEE, FL 32311



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

2150 Corinne St

3. Mailing Address

2150 Corinne Street

Suite, Apt. #, etc.

Apt C

Suite, Apt. #, etc.

Apt. C

03182009 REIN-LLC CR2E101 (1/07)

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

00-0370212

Applied For

Not Applicable

Zip

32308

Country

Leon

Zip

32308

Country

Leon

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TOUCET, RUBEN  
2500 MERCHANTSROW BLVD.  
APT. 187  
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name

Toucet Ruben

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

2150 Corinne St. Apt C

City

Tallahassee

FL

Zip Code

32308

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)

DATE

3/19/09

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TOUCET, RUBEN  
2500 MERCHANTSROW BLVD., APT. 187  
TALLAHASSEE, FL 32311 ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Toucet, Ruben  
2150 Corinne Street Apt. C  
Tallahassee, FL 32308 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500146256235  
03/19/09--01012--024 \*\*277.50 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

*[Signature]*

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

3/19/09

Date

Daytime Phone #