

DOCUMENT # L07000047640

Entity Name  
FF INK, LLC

FILED

NOV 19 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

103 ROUSE ROAD  
FT PIERCE, FL 34946

Mailing Address

403 ROUSE ROAD  
FT PIERCE, FL 34946

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

2. Mailing Address

4828 N. KINGS HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 303

City &amp; State

City &amp; State

FT. PIERCE FL.

Zip

Country

Zip

34951

Country

USA

11032008 REIN-LLC

CR2E101 (1/07)

4. FEI Number

20-8935563

Applied F

Not Applic

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

6. Name and Address of Current Registered Agent

BARNUM, MICHAEL  
103 ROUSE ROAD  
FT PIERCE, FL 34946

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

I, 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 *Michael J. Barnum*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11-16-08

FILE NOW!!! FEE IS \$238.75  
After January 1, 2009, Fee will be \$377.50Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BARNUM, MICHAEL 403 ROUSE ROAD FT PIERCE, FL 34946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 500138073965 11/19/08--01013--009 **238.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BARNUM, MARION 403 ROUSE ROAD FT PIERCE, FL 34946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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REINSTATEMENT

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.