

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000065194

1. Entity Name
DOUGLAS PELHAM LLC



Principal Place of Business
4564-C SMOKEY ROAD
GRACEVILLE, FL 32440

Mailing Address
PO BOX 173
GRACEVILLE, FL 32440

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

11132008 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

7. Name and Address of New Registered Agent

PELHAM, DOUGLAS
4564-C SMOKEY ROAD
GRACEVILLE, FL 32440

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

Douglas Pelham

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

(NOTE: Registered Agent signature required when reinstating)

12-28-08

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PELHAM, DOUGLAS
STREET ADDRESS PO BOX 173
CITY-ST-ZIP GRACEVILLE, FL 32440

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700139533397
CITY-ST-ZIP 01/06/09--01012--008 * **238.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Douglas Pelham

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

12-28-08

Date

850-263-4930

Daytime Phone #

FILED

2009 JAN 12 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

08

ATC