


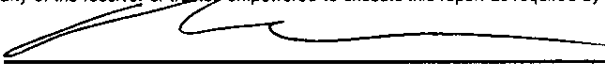


2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

14 JAN 27 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000069475 1. Entity Name MESSER MASONRY LLC.					
Principal Place of Business 1009 SHADY WOOD TRAIL TALLAHASSEE, FL 32305			Mailing Address 1009 SHADY WOOD TRAIL TALLAHASSEE, FL 32305		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 83-0492187	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MESSER, RICHARD 1009 SHADY WOOD TRAIL TALLAHASSEE, FL 32305				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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 1/27/14	
FILE NOW!!! FEE IS \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MESSER, RICHARD 1009 SHADY WOOD TRAIL TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Ambr Richard K. Messer 1009 Shadywood Trail Tall. FL 32305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MESSER, ANGELA 1009 SHADY WOOD TRAIL TALLAHASSEE, FL 32305	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Ambr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	300256054343 01/27/14--01021--003 **377.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S. HAWKES 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	JAN 27 A.M. 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	EXAMINER	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 1/27/14 E-MAIL ADDRESS MesserMasonry7@Comcast.net		