

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000076546

1. Entity Name
FINISHING TOUCH OF TALLAHASSEE LLC



FILED
09 JUN 15 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**56 GUINEVERE
CRAWFORDVILLE, FL 32327**

Mailing Address
**1211 STONE GREENE CT
TALLAHASSEE, FL 32303**

2. Principal Place of Business - No P.O. Box #
64 EJ Stringer Rd

3. Mailing Address
Same

Suite, Apt. #, etc.
Same

City & State
Crawfordville FL

Zip
32327

Country
US

06152009 REIN-LLC CR2E101 (1/07)

4. FEI Number
75-3248115

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRELL, HOWARD S
56 GUINEVERE
CRAWFORDVILLE, FL 32327**

7. Name and Address of New Registered Agent

Name
64 EJ Stringer Rd

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

City
Crawfordville

FL Zip Code
32327

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARRELL, HOWARD 56 GUINEVERE CRAWFORDVILLE, FL 32327	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3706 Hood Ct Tallahassee FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERARDI, WILLIAM 1211 STONE GREENE CT TALLAHASSEE, FL 32303	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 64 EJ Stringer Rd Crawfordville FL 32327
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 S. HAWKES
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 JUN 12 2009 EXAMINER
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 600157135836 06/15/09--01011--001 **282.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete REINSTATEMENT 2008-09	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: **X [Signature]** **6-15-09**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #