

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000080450

1. Entity Name  
JOSH CLARK TILE UNLIMITED LLC



**FILED**

09 JUN 12 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3340-A TRAFALGER SQUARE  
TALLAHASSEE, FL 32301

Mailing Address  
3340-A TRAFALGER SQUARE  
TALLAHASSEE, FL 32301

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

179 Sahavana Rd  
Suite, Apt. #, etc.

3. Mailing Address

179 Sahavana Rd  
Suite, Apt. #, etc.



06122009 REIN-LLC CR2E101 (1/07)

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32301

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, JOSH  
3413 MERRIMAC DR  
TALLAHASSEE, FL 32312

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-12-09

**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 MGRM  
NAME CLARK, JOSH  
STREET ADDRESS 3413 MERRIMAC DR  
CITY-ST-ZIP TALLAHASSEE, FL 32312

☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

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JB

**REINSTATEMENT** 2008-09

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

Date

Daytime Phone #

6-12-09