

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000085770

1. Entity Name  
BILL SNYDER'S MASONRY LLC



Principal Place of Business  
150 AZELEA STREET  
CRAWFORDVILLE, FL 32326

Mailing Address  
PO BOX 284  
CRAWFORDVILLE, FL 32326

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

01112012 REIN-LLC CR2E101 (12/11)

4. FEI Number  
NOT APPLICABLE

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

SNYDER, BILL  
150 AZELEA STREET  
CRAWFORDVILLE, FL 32326

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

*Bill Snyder*

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

(NOTE: Registered Agent signature required when reinstating)

1-11-12

DATE

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  
SNYDER, BILL  
PO BOX 284  
CRAWFORDVILLE, FL 32326 ☐ Delete

TITLE  
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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:

*Bill Snyder*

1-11-12

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

E-MAIL ADDRESS

FILED

12 JAN 11 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT  
2011-2012 DB

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