

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVAL
AND
FILED

DOCUMENT # L08000035236

1. Entity Name
AFFORDABLE JANITORIAL SERVICES LLC



16 OCT 19 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3053 BANKS RD
TALLAHASSEE, FL 32309

Mailing Address
2910 KERRY FOREST PKWY
SUITE D 4 # 292
TALLAHASSEE, FL 32309



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

10192016 REIN-LLC CR2E101 (12/11)

4. FEI Number
71-1048069

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

MARTINEZ, LUZ DALY
3053 BANKS RD
TALLAHASSEE, FL 32309

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]

(NOTE: Registered Agent signature required when reinstating)

10/19/16

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2017, Fee will be \$377.50

Make check payable to
Florida Department of State

300291413863
10/19/16--01006--007 **238.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MARTINEZ, LUZ DALY
STREET ADDRESS 3053 BANKS RD
CITY- ST- ZIP TALLAHASSEE, FL 32309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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10.

TITLE
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

REINSTATEMENT

S. HAWKES

OCT 18 A.M.

EXAMINER

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]

10/19/16

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

E-MAIL ADDRESS