

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L08000036319

1. Entity Name
VERSATILE SERVICES OF FLORIDA LLC



16 SEP 26 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1633 HIGH BRIDGE RD 145 Ranch Rd. P.O. BOX 484
QUINCY, FL 32351 Quincy, Fl. 32351 QUINCY, FL 32353



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

09262016 REIN-LLC CR2E101 (12/11)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
26-2427172

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KOONCE, MIKAL
145 RANCH ROAD
QUINCY, FL 32351

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME KOONCE, MIKAL
STREET ADDRESS 145 RANCH ROAD
CITY- ST- ZIP QUINCY, FL 32351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME CORKER, BARRY
STREET ADDRESS 442 DEWEY JOHNSON WAY
CITY- ST- ZIP GRETN, FL 32332

TITLE ☐ Change ☐ Addition
NAME 100290641921
STREET ADDRESS 09/27/16---01004---008 ***238.75
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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: *Mikal Koonce*

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

Date

E-MAIL ADDRESS

9/26/16 mikal.koonce@yahoo.com

REINSTATEMENT

Mikal Koonce

Mikal Koonce