


# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVAL  
AND  
FILED

14 JUL 21 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L08000077004</b> 1. Entity Name <b>SOLID INK LLC</b>					
Principal Place of Business 739 N. MONROE STREET TALLAHASSEE, FL 32303			Mailing Address 739 N. MONROE STREET TALLAHASSEE, FL 32303		
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	07212014 REIN-LLC CR2E101 (12/11) 4. FEI Number 26-3217579	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MESHELL, CARLENE 2164 SHADY OAKS DR. TALLAHASSEE, FL 32303			Name <u>Messhell, Carlene</u> Street Address (P.O. Box Number is Not Acceptable) <u>2104 Cambridge Dr.</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32304</u>		
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 <u>[Signature]</u>			DATE <u>7-21-14</u>		
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 MESHELL, RICKEY 2164 SHADY OAKS DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM messhell, Rickey 2104 Cambridge Dr. Tallahassee, FL 32304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MESHELL, CARLENE 2164 SHADY OAKS DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM messhell, Carlene 2104 Cambridge Dr. Tallahassee, FL 32304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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
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
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			JUL 21 2014 R. HUNT <b>REINSTATEMENT</b>		
SIGNATURE: <u>[Signature]</u>			E-MAIL ADDRESS: <u>721-14 solidink@mail.com</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		