

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L08000117091

1. Entity Name
CRENSHAW HEIGHTS PRODUCTIONS LLC



Principal Place of Business
3521 LARKWAY STREET
TALLAHASSEE, FL 32305

Mailing Address
3521 LARKWAY STREET
TALLAHASSEE, FL 32305

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

09302010 REIN-LLC

CR2E101 (1/07)

4. FEI Number

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

CRENSHAW, DONALD D JR.
3521 LARKWAY STREET
TALLAHASSEE, FL 32305

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

Donald D. Crenshaw

(NOTE: Registered Agent signature required when reinstating)

10/18/2010

FILE NOW!!! FEE IS \$238.75
After January 1, 2011, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME CRENSHAW, DONALD D JR.
STREET ADDRESS 3521 LARKWAY STREET
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Manager member ☐ Change ☒ Addition
NAME Sharon A. Mason
STREET ADDRESS 3521 Larkway St
CITY-ST-ZIP Tallahassee, FL 32305

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

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

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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:

Donald D. Crenshaw
Crenshawdt@gmail.com

10/18/2010

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

Date

Daytime Phone #

FILED

10 OCT 18 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

