

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L09000063209

1. Entity Name
BROWN FRAMING CO. L.L.C.



Principal Place of Business
4060 BRYANT ST.
TALLAHASSEE, FL 32303

Mailing Address
4060 BRYANT ST.
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

04182011 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

BROWN, WYNDAL
4060 BRYANT ST.
TALLAHASSEE, FL 32303

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 \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BROWN, WYNDAL
STREET ADDRESS 4060 BRYANT ST.
CITY - ST - ZIP TALLAHASSEE, FL 32303

TITLE MGRM ☐ Delete
NAME BROWN, WILFORD
STREET ADDRESS 2060 CAMBRIDGE COURT
CITY - ST - ZIP TALLAHASSEE, FL 32303

TITLE MGRM ☐ Delete
NAME BROWN, ANTHONY
STREET ADDRESS 4954 CHAPPERAL LANE
CITY - ST - ZIP TALLAHASSEE, FL 32303

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

TITLE ☐ Change ☐ Addition
NAME 500202282485
STREET ADDRESS 04/18/11--01004--003 **377.50
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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NAME
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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:

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

Date

Daytime Phone #

FILED

11 APR 18 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

10-11-11