

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L09000083300

1. Entity Name
BARBER CONSTRUCTION & MANAGEMENT LLC



16 SEP 29 PM 4:48

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
206 COUNTRY CLUB DRIVE
HAVANA, FL 32333

Mailing Address
206 COUNTRY CLUB DRIVE
HAVANA, FL 32333



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

09292016 REIN-LLC CR2E101 (12/11)

4. FEI Number
NOT APPLICABLE

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

BARBER, ROBERT T JR.
206 COUNTRY CLUB DRIVE
HAVANA, FL 32333

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

9-29-16

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.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BARBER, ROBERT
206 COUNTRY CLUB DRIVE
HAVANA, FL 32333 ☐ Delete

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☐ Change ☐ 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.

SIGNATURE:

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

9-29-16 housedoc.cb@myfloridadep.com

Date

E-MAIL ADDRESS