

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000039004

**Entity Name:** BUSY BEE FLORIST, LLC

**FILED**  
**Sep 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3345 NORTH MONROE STREET  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

3345 NORTH MONROE STREET  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 27-2310794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, KATHLEEN  
585 COLLINS ROAD I  
HAVANA, FL 32333 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** KATHLEEN JONES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** JONES, KATHLEEN  
**Address:** 585 COLLINS ROAD I  
**City-St-Zip:** HAVANA, FL 32333

**Title:** MGRM  
**Name:** CRAWFORD, LISA  
**Address:** 835 COLLINS ROAD I  
**City-St-Zip:** HAVANA, FL 32333

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** LISA CRAWFORD

MGRM

09/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date