

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILING CANCELLED
RETURNED CHECK**

DOCUMENT # L10000076273						JUN 23 PM 12:32	
1. Entity Name PHILLIP SPENCER FAMILY PARTNERS LLC							
Principal Place of Business 725 E. TENNESSEE STREET TALLAHASSEE, FL 32326				Mailing Address PO BOX 576 CRAWFORDVILLE, FL 32326			
2. Principal Place of Business - No P.O. Box # 725 E. Tennessee St				3. Mailing Address 725 E. Tennessee St			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State Tallahassee Fla				City & State Tallahassee Fla			
Zip 32308				Country USA			
4. FEI Number				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SPENCER, PHILLIP 725 E. TENNESSEE STREET TALLAHASSEE, FL 32326			
7. Name and Address of New Registered Agent 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 _____ (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				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPENCER, PHILLIP 725 E. TENNESSEE STREET TALLAHASSEE, FL 32326			TITLE NAME STREET ADDRESS CITY - ST - ZIP	100261578661 06/23/14--01007--013 \$377.50		
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		
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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: <u>Phillip Spencer</u>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS							