

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 JUL 16 AM 9:55

DOCUMENT # L10000078606

1. Entity Name  
CLIFTON MESSINA LLC



Principal Place of Business  
603 E. CALL STREET  
APT. 949  
TALLAHASSEE, FL 32301

Mailing Address  
603 E. CALL STREET  
APT. 949  
TALLAHASSEE, FL 32301

900237472409  
07/16/12--01002--010 \*\*377.50



07162012 REIN-LLC CR2E101 (12/11)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MESSINA, CLIFTON P  
603 E. CALL STREET  
APT. 949  
TALLAHASSEE, FL 32301

Name  
CLIFTON P. MESSINA

Street Address (P.O. Box Number is Not Acceptable)

1501-B VALLEY RD.

City  
TAL FL.

FL 32301

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

*Clifton P. Messina*

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
MESSINA, CLIFTON ☐ Delete  
603 E. CALL STREET  
TALLAHASSEE, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
Clifton P. Messina ☒ Change ☐ Addition  
1501-B Valley Road  
Tall. FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

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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:

*Clifton P. Messina*

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

E-MAIL ADDRESS

REINSTATEMENT

2011-2012