

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

14 APR -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L10000088739

1. Entity Name
PAUL'S AFFORDABLE AUTO SALE'S LLC

Principal Place of Business
3039 MCCORD BLVD
TALLAHASSEE, FL 32303

Mailing Address
3039 MCCORD BLVD
TALLAHASSEE, FL 32303

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

1610 EAST PARK Avenue
Tallahassee FL 32303

3. Mailing Address

1610 EAST PARK Avenue
Tallahassee FL 32303

City & State

City & State

Zip

Country

Zip

Country

04022014 REIN-LLC CR2E101 (12/11)

4. FEI Number
61-1621330

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, PAUL WADE
3039 MCCORD BLVD
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

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

1610 EAST PARK Avenue
Tallahassee FL 32303

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 & 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 THOMAS, PAUL WADE
STREET ADDRESS 3039 MCCORD BLVD
CITY- ST- ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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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 1610 EAST PARK Avenue
CITY- ST- ZIP Tallahassee FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200258580002
CITY- ST- ZIP 04/02/14--01027--009 **377.50

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

TITLE ☐ Change ☐ Addition
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

E-MAIL ADDRESS

2010 rr+@gmail.com