

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L10000105407

1. Entity Name
CECILLE, LLC



16 OCT -4 PM 2:00

SECRET STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1891-3 #176 CAPITAL CIR NE.
TALLAHASSEE, FL 32308

Mailing Address
1891-3 #176 CAPITAL CIR NE.
TALLAHASSEE, FL 32308

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

10042016 REIN-LLC CR2E101 (12/11)

4. FEI Number
36-4679035

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

BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308

Name *Cecille L. Reissener*

Street Address (P.O. Box Number is Not Acceptable)
3111 - 20 Mahan Dr #176

City *Tallahassee* FL Zip Code *32308*

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 *Cecille L. Reissener*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-4-16

DATE

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
REISSENER, CECILLE
1891-3 #176 CAPITAL CIR NE
TALLAHASSEE, FL 32308

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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:

Cecille L. Reissener

10-4-16

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

E-MAIL ADDRESS