

**2014 LIMITED LIABILITY COMPANY  
REINSTATEMENT**

APPROVED  
AND  
FILED

DOCUMENT # L11000017183		
1. Entity Name TWINKLETOES SHOE BOUTIQUE, LLC		

14 NOV 21 PM 1:35

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business 1500 APALACHEE PARKWAY STE 1165 TALLAHASSEE, FL 32301	Mailing Address 39 TRAYNOR COURT CRAWFORDVILLE, FL 32327
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11212014 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
Zip	Country

4. FEI Number  
27-4850861

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRINDLE-ROLLINS, SARAH L 39 TRAYNOR COURT CRAWFORDVILLE, FL 32327	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City

FL Zip Code

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

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 11-21-14

FILE NOW!!! FEE IS \$238.75 After January 1, 2015, Fee will be \$377.50	Make check payable to Florida Department of State			
9. MANAGING MEMBERS/ MANAGERS				
10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GRINDLE-ROLLINS, SARAH L 39 TRAYNOR COURT CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ROLLINS, LEROY 39 TRAYNOR COURT CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ROLLINS, DEMARIO L 11127 LAKESIDE VISTA DRIVE RIVerview, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ROLLINS, DOMINIC L 39 TRAYNOR COURT CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	REINSTATEMENT	
		<input type="checkbox"/> Delete	11-21-14 NOV 21 2014	

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:

11-21-14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS