## 2013 LIMITED LIABILITY COMPANY

## REINSTATEMENT DOCUMENT # L11000023826 13 AUG 19 AM 11: 15 1. Entity Name AFFORDABLE TIRES OF TALLAHASSEE L.L.C. SECRETATE STATE Principal Place of Business Mailing Address 1818 LAKE BRADFORD ROAD 1818 LAKE BRADFORD ROAD TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite Apt. #. etc. 08192013 **REIN-LLC** CR2E101 (12/11) Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PLEAS, TYRONE Street Address (P.O. Box Number is Not Acceptable) 846 BAHAMA DR. TALLAHASSEE, FL 32310 Zip Code 8. The above named entity submits this statement for the pytopse 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. (NOTE: Registered Agent signature required when ministate Make check payable to FILE NOW!!! FEE IS \$377.50 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change Addition MGR ☐ Delets TITLE TITLE PLEAS, TYRONE NAME NAME STREET ADDRESS 1818 LAKE BRADFORD ROAD STREET ADDRESS TALLAHASSEE, FL 32310 CITY-ST-ZIP CITY- ST- ZIF Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY - ST- ZIP Addition REINSTALDINE <sub>1</sub> ∰6hange ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY+ ST- ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME 200250855703 STREET ADDRESS STREET ADDRESS 08/19/13--01003--009 CITY-ST-ZIP CITY - ST- ZIF Change Addition TITLE -Delete TIDE MCH , 2-13 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Addition Change TITLE Delete TITLE AUG 1 9 7013

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY - ST- ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY- ST- ZIP

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

E-MAIL ADDRESS

R. HUNT