

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L11000051908

1. Entity Name
ICF BUILDING LLC



Principal Place of Business
135 BURNT PINE LOOP
ST MARKS, FL 32355

Mailing Address
PO BOX 74
ST MARKS, FL 32355

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

170 Pixie Circle

Suite, Apt. #, etc.

3. Mailing Address

170 Pixie Circle

Suite, Apt. #, etc.

City & State

Crawfordville FL

Zip

32327

Country

WALKALIA

City & State

Crawfordville FL

Zip

32327

Country

WALKALIA

6. Name and Address of Current Registered Agent

GAGLIARDI, RONALD
135 BURNT PINE LOOP
ST MARKS, FL 32355

Name

Lisa Rhodes

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

170 Pixie Circle

City

Crawfordville

FL

Zip Code

32327

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

Lisa Rhodes

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

(NOTE: Registered Agent signature required when reinstating)

5-15-13

DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RHODES, LISA V
PO BOX 74
ST MARKS, FL 32355

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GAGLIARDI, RONALD
PO BOX 74
ST MARKS, FL 32355

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10. ADDITIONS/CHANGES

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition
REINSTATEMENT

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MAY 15 2013
S. PRATHER

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:

Lisa Rhodes

5-15-13

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

E-MAIL ADDRESS

FILED

13 MAY 15 AM 10:59

SECRETARY OF STATE

ALLAHASSEE FLORIDA

05/15/13--01001--011 **377.50

600247950436



05152013 REIN-LLC

CR2E101 (12/11)

4. FEI Number

262979378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required