2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L11000077644

1. Entity Name C M DUNN, LLC



FILED

13 JUL 18 PM 2: 44

REINSTATEMENT	12-13
) (BBANDIE BEN INDEL NICH BENN BBUIL BBEN BBUIL BBUN IBBN 16616 THIN BIRN BURSEN IN IBBN 113 IBBN	

l			1000	<u> </u>	SECRETA	RY OF STATE See Florida	
Principal Plac	ce of Business	Mailing Address			IALLAHAS	SEE FLORIDA	
	IGH DEE DRIVE 4244 HAYLEIGH DEE DRIVE		DE	REINSTATEMENT 12-			
TALLAHASSE	EE, FL 32303	TALLAHASSEE, FL 323	.03	KE	HICILL	IEWEN	10
A 100 -		T a sauling a dinner					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address 4714 Gau	iter Dri	ااااا	55 BBI 11885 11815 BBIII 88711 BB		
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>	071820	I3 REIN-LLC	CR2E101 (12/11)	
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City & Stat	lluber 55ee	City & State	عه	4. FEI NUI	(106)		pplicable
Zip 32	303 Country	Zip 3 2 3 0 3	Country	5. Certific	ate of Status Desired	□ \$5.00 Addition	enal
	6. Name and Address of Current F	Registered Agent		7. Name a	nd Address of New R	egistered Agent	
DUNN CL	PICTORUED M		Name	Christer	other M. i	Dun	
	HRISTOPHER M LEIGH DEE DRIVE		Street A	ddress (P.O. Box Nur	nber is Not Acceptable) To we	
TALLAHA	SSEE, FL 32303	N		7+17	UNATRE	Ur.W-C	
	. Λ		City			Zin Code	
					5.22	FL "5 2 3	03
The above the obligation	named entity submits this statement or ions of registered agent	the purpose of changing its	registered office or	r registered agent, or	both, in the State of Flo	onda. I am familiar with, an	d accept
	V	7			07.	18-13	
SIGNATURE	Signature, typed or ponted name of registered agent as	nd the if applicable. (NOTE	: Registered Agent sign	ature required when reinsta	lang)	DATE	
					Mak	e check payable to	
FILE	NOW!!! FEE IS \$377.50					Department of State	
F 3			1				
9.	MANAGING MEMBER	RS/ MANAGERS Delete	10.	MGRM	ADDITIONS/		Addition
NALIE	DUNN, CHRIS	Delete	NAME		" HO IS TOPH		L Addition
STREET ADDRESS	4244 HAYLEIGH DEE DRIVE		STREET ADDRESS	4214 2	entier Dr		İ
CITY - ST - ZIP	TALLAHASSEE, FL 32303		CITY- ST- ZIP	17:07 3	Tallians	44) <u>1- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</u>	
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NAME			NAME		100249		
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STREET ADDRESS			STREET ADDRESS			<u> </u>	·
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11. I hereby of	certify that the information supplied with on this report is true and accurate and	this filing does not qualify for	r the exemptions of	ontained in Chapter	119, Florida Statutes, I i	further certify that the information	nation
limited lia	ibility company or the leceiver of trustee	an potental o execute this i	eport as required	by Chapter 608, Flori	da Statutes.		1
SIGNAT	upe. \/ \/\/	' N '		07-1	X-13 oh	ris@cmdun	n com

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAIL

E-MAIL ADDRESS