

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L11000077644

1. Entity Name
C M DUNN, LLC



FILED

13 JUL 18 PM 2:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 1213



07182013 REIN-LLC CR2E101 (12/11)

Principal Place of Business 4244 HAYLEIGH DEE DRIVE TALLAHASSEE, FL 32303		Mailing Address 4244 HAYLEIGH DEE DRIVE TALLAHASSEE, FL 32303	
2. Principal Place of Business - No P.O. Box # 4714 Gantier Drive		3. Mailing Address 4714 Gantier Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee		City & State Tallahassee	
Zip 32303	Country Leon	Zip 32303	Country Leon
4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNN, CHRISTOPHER M 4244 HAYLEIGH DEE DRIVE TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Christopher M. Dunn Street Address (P.O. Box Number is Not Acceptable) 4714 Gantier Drive City Tallahassee FL Zip Code 32303	
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		DATE 07-18-13	
Signature, typed or printed name of registered agent and date if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUNN, CHRIS 4244 HAYLEIGH DEE DRIVE TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUNN, CHRISTOPHER M 4714 Gantier Drive Tallahassee 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		07-18-13 chris@cmdunn.com	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date E-MAIL ADDRESS	