


# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L11000081788		
1. Entity Name KELLY AND SONS CARPENTRY, LLC		

Principal Place of Business 4288 SANDPINE DRIVE TALLAHASSEE, FL 32305	Mailing Address 4288 SANDPINE DRIVE TALLAHASSEE, FL 32305
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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11152012 REIN-LLC CR2E101 (12/11)

4. FEI Number 45-2754693	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  KENNETH BARBER & ASSOCIATES, INCORPORATED 650 W BREVARD ST TALLAHASSEE, FL 32304	
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7. Name and Address of New Registered Agent	
Name <u>Jesse L Kelly</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4288 Sandpine Dr</u>	
City <u>Tallahassee</u>	FL Zip Code <u>32305</u>

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 Jesse L Kelly Jr (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$238.75 After January 1, 2013, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KELLY, JESSE L JR 4288 SANDPINE DRIVE TALLAHASSEE, FL 32305 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Jesse L Kelly Jr</u>	Date	E-MAIL ADDRESS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

**FILED**  
12 NOV 15 AM 7:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

