

2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

15 NOV -4 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000085853

1. Entity Name
BEAT THE HEAT LLC



Principal Place of Business
1510 SE CAPITAL CIRCLE #1
TALLAHASSEE, FL 32301

Mailing Address
1510 SE CAPITAL CIRCLE #1
TALLAHASSEE, FL 32301

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

3419 APALACHE PARKWAY

3. Mailing Address

3419 APALACHE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11042015 REIN-LLC CR2E101 (12/11)

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

Zip
32311

Country
USA

Zip
32311

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEELS, TRAVIS
1510 SE CAPITAL CIRCLE #1
TALLAHASSEE, FL 32301

Name
LADY B KEELS
Street Address (P.O. Box Number is Not Acceptable)
3419 APALACHE PARKWAY
City
TALLAHASSEE FL Zip Code
32311

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

Travis Keels

11/04/2015

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2016, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KEELS, TRAVIS
1510 SE CAPITAL CIRCLE #1
TALLAHASSEE, FL 32301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LADY B KEELS
3419 APALACHE PARKWAY
TALLAHASSEE FL 32311 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000278813330
11/04/15--01011--008 ***238.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

Travis Keels

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

bird1k1@yahoo.com

E-MAIL ADDRESS