

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

13 OCT -2 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



10022013 REIN-LLC CR2E101 (12/11)

DOCUMENT # L11000113307 1. Entity Name KNIGHT HAWK SECURITY AND PROTECTION SERVICES, LLC					
Principal Place of Business 914 OAK KNOLL AVENUE TALLAHASSEE, FL 32312			Mailing Address 914 OAK KNOLL AVENUE TALLAHASSEE, FL 32312		
2. Principal Place of Business - No P.O. Box # 1830 METROPOLITAN BLVD Suite, Apt. #, etc. SUITE 208		3. Mailing Address P.O. Box 521 Suite, Apt. #, etc.			
City & State TALLAHASSEE, FL Zip 32308		City & State TALLAHASSEE, FL Zip 32302		4. FEI Number NOT APPLICABLE	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, ERNEST P 914 OAK KNOLL AVENUE TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 10-2-13 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$238.75 After January 1, 2014, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JONES, ERNEST P.O. BOX 521 TALLAHASSEE, FL 32312 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GLENN, RICHARD P.O. BOX 521 TALLAHASSEE, FL 32312 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: center;"> OCT 02 2013 S. PRATHEI </div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 10/2/13 E-MAIL ADDRESS EJONES@KNIGHTHAWKSECURITY.MS		