

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

13 APR 22 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 1213



04222013 REIN-LLC CR2E101 (12/11)

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DOCUMENT # L11000122570  |  |  |  |   |  |
| 1. Entity Name<br>JBR METAL LLC  |  |  |  |   |  |
| Principal Place of Business<br>4121 MCLEOD DR<br>TALLAHASSEE, FL 32303 US  |  |  | Mailing Address<br>4121 MCLEOD DR<br>TALLAHASSEE, FL 32303 US  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |  | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.  |   |  |
| City & State   |  |  | City & State   |   |  |
| Zip  | Country  | Zip  | Country  | 4. FEI Number   |  |
|  |  |  |  | Applied For<br>Not Applicable                           |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 8. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent  |   |  |
| UNITED STATES CORPORATION AGENTS, INC.<br>13302 WINDING OAKS COURT<br>SUITE A<br>TAMPA, FL 33612   |  |  | Name<br>William Paul Schroyer<br>Street Address (P.O. Box Number is Not Acceptable)<br>4121 McLeod Dr<br>Tallahassee, FL<br>City<br>FL Zip Code<br>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  |  | (NOTE: Registered Agent signature required when reinstating)<br>DATE 4-22-13 |  |   |  |
| FILE NOW!!! FEE IS \$377.50  |  | Make check payable to<br>Florida Department of State                         |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>SCHROYER, WILLIAM<br>4121 MCLEOD DR<br>TALLAHASSEE, FL 32303 | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>CLARK, RUSSEL<br>4121 MCLEOD DR<br>TALLAHASSEE, FL 32303     | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete  |  |   |  |
| 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. |  |  | APR 22 2013<br>T. CAULEY   |   |  |
| SIGNATURE  |  |  | 4-22 Schroyer, William P @ Gmail.com   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date   |   |  |
|  |  |  | E-MAIL ADDRESS   |   |  |