


# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L11000123129		
1. Entity Name ISABELLE PORTER, LLC		

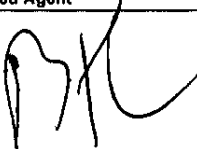
Principal Place of Business 3250 APPLETON DRIVE TALLAHASSEE, FL 32311	Mailing Address 3250 APPLETON DRIVE TALLAHASSEE, FL 32311
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
12 OCT -1 AM 11:12  
CLERK OF COURT  
TALLAHASSEE, FLORIDA



10012012 REIN-LLC CR2E101 (12/11)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMPSON, CANDICE M 3250 APPLETON DRIVE TALLAHASSEE, FL 32311		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

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.

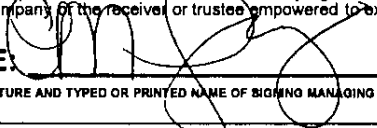
SIGNATURE  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$238.75</b> <b>After January 1, 2013, Fee will be \$377.50</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMPSON, CANDICE M 3250 APPLETON DRIVE TALLAHASSEE, FL 32311 <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
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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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:**  **10/1/2012 candice-thompson@comcast.net**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS