
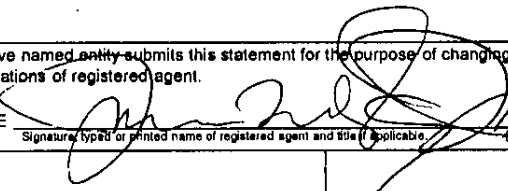



2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

14 JUN -4 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000023026 1. Entity Name ARCHON CONSTRUCTION CO. LLC					
Principal Place of Business 695 W VIRGINIA ST TALLAHASSEE, FL 32303 US			Mailing Address P O BOX 15486 TALLAHASSEE, FL 32317 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	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WEATHERLY, JAMES F JR 695 W VIRGINIA ST TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE 6-4-14		
SIGNATURE 			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WEATHERLY, JAMES F JR P O BOX 15486 TALLAHASSEE, FL 32317 <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: 			DATE 6-4-14		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			E MAIL ADDRESS		



06042014 REIN-LLC CR2E101 (12/11)

4. FEI Number Applied For
Not Applicable

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

WEATHERLY, JAMES F JR
695 W VIRGINIA ST
TALLAHASSEE, FL 32303

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to
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TALLAHASSEE, FL 32317
☐ Delete

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SIGNATURE:

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

Date

E MAIL ADDRESS