


# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L12000039830	
1. Entity Name 6428 MALLARD TRACE DR LLC	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 NOV 18 PM 3:52

Principal Place of Business 2321 KILLARNEY WAY TALLAHASSEE, FL 32309	Mailing Address PO BOX 15544 TALLAHASSEE, FL 32317
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2. Principal Place of Business - No P.O. Box # 8064 Red Eagle Dr	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11182013 REIN-LLC CR2E101 (12/11)

City & State Tallahassee FL	City & State FL
Zip 32312	Country Leon

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 IPEK, GRIZEL Dr 8064 RED EAGLE RD TALLAHASSEE, FL 32312	7. Name and Address of New Registered Agent Name Grizel + Marrero Street Address (P.O. Box Number is Not Acceptable) 8064 Red Eagle Dr City Tallahassee FL Zip Code 32312
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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 Grizel + Marrero DATE 11/18/13

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

FILE NOW!!! FEE IS \$238.75 After January 1, 2014, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM IPEK, GRIZEL 8064 RED EAGLE RD TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Grizel + Marrero 8064 Red Eagle Dr Tallahassee FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM IPEK, MERYEM 6428 MALLARD TRACE DR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Grizel Meryem Ipek 8064 Red Eagle Dr Tallahassee FL 32312 <input checked="" 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	MGR Zaim Ipek 8064 Red Eagle Dr Tallahassee FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Izmira Kerime Ipek 8064 Red Eagle Dr Tallahassee FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR Camile Izmirc Ipek 8064 Red Eagle Dr Tallahassee FL 32312 <input type="checkbox"/> Change <input checked="" 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

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: <u>Grizel + Marrero</u>	Date <u>11-18-13</u>	E-MAIL ADDRESS
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		