

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVAL  
AND  
FILED

14 DEC 15 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # L12000042401**

1. Entity Name  
**JAMES MCIVER FLOORING LLC**

Principal Place of Business  
**543 ACE HIGH STABLES ROAD  
CRAWFORDVILLE, FL 32327**

Mailing Address  
**543 ACE HIGH STABLES ROAD  
CRAWFORDVILLE, FL 32327**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12152014 REIN-LLC CR2E101 (12/11)

City & State

City & State

4. FEI Number

**455338460**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MCIVER, JAMES  
543 ACE HIGH STABLES ROAD  
CRAWFORDVILLE, FL 32327**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**12/15/14**

DATE

**FILE NOW!!! FEE IS \$238.75  
After January 1, 2015, Fee will be \$377.50**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
MCIVER, JAMES E  
543 ACE HIGH STABLES ROAD  
CRAWFORDVILLE, FL 32327**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**500267456665  
12/16/14--01001--005 \*\*238.75**

TITLE  Delete  
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Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

**S. HAWKES**

**DEC 15 AM**

**EXAMINER**

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; the filer is 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:

*[Signature]*

**12/15/14**

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

E-MAIL ADDRESS