

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L12000070957**

1. Entity Name  
**SEMINOLE STUCCO & STONE LLC**



FILED

13 DEC 23 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

Principal Place of Business Mailing Address  
8119 ZULA AVE. 8119 ZULA AVE.  
PANAMA CITY, FL 32404 US PANAMA CITY, FL 32404

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

12232013 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  
SHEFFIELD, RYAN L  
8119 ZULA AVE.  
PANAMA CITY, FL 32404

7. Name and Address of New Registered Agent  
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 *Ryan Sheffield* DATE 12/23/13  
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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SHEFFIELD, RYAN L 8119 ZULA AVE. PANAMA CITY, FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

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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, 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: *Ryan Sheffield* DATE 12/23/13  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS