

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L12000088381

1. Entity Name
TRACY SMITH CONSTRUCTION LLC



13 OCT -2 AM 9:21

SECRET
TALLAHASSEE, FL 32303

REINSTATEMENT



10022013 REIN-LLC CR2E101 (12/11)

Principal Place of Business
2411 CLEMONS RD
TALLAHASSEE, FL 32303

Mailing Address
2411 CLEMONS RD
TALLAHASSEE, FL 32303

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

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

COCHRAN, RAYMOND M
7416 LAUREL RIDGE LN
TALLAHASSEE, FL 32312

Name ROBERT T SMITH

Street Address (P.O. Box Number is Not Acceptable)
2411 CLEMONS RD

City TALLAHASSEE

FL

Zip Code 32303

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 Robert T Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
MR TRACY SMITH
2411 CLEMONS RD
TALL FLA 32303

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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700252319637
10/02/13--01004--002 **238.75

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CITY - ST - ZIP ☐ Change ☐ Addition

OCT 02 2013

S. PRATHER

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: Robert T Smith

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

E-MAIL ADDRESS