


# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L12000088827**

1. Entity Name  
**L DOUGLAS BEARD LLC**



13 OCT -2 AM 10:37

SECRET  
TALLAHASSEE, FL 32304

## REINSTATEMENT



10022013 REIN-LLC CR2E101 (12/11)

Principal Place of Business  
**1023 APPALOUS A  
TALLAHASSEE, FL 32304**

Mailing Address  
**1023 APPALOUS A  
TALLAHASSEE, FL 32304**

2. Principal Place of Business - No P.O. Box #  
**1023 APPALOUS A TR**

3. Mailing Address  
**1023 APPALOUS A TR**

Suite, Apt. #, etc.

City & State  
**TALLAHASSEE FL**

City & State  
**TALLAHASSEE FL**

Zip  
**32304**

Country  
**US**

Zip  
**32304**

Country  
**US**

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

**BEARD, L DOUGLAS  
1023 APPALOUS A  
TALLAHASSEE, FL 32304**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1023 APPALOUS A TR**

City  
**TALLAHASSEE**

FL

Zip Code  
**32304**

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 *L Douglas Beard* (NOTE: Registered Agent signature required when reinstating)

DATE 10/2/13

**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	MGRM BEARD, L DOUGLAS 1023 APPALOUS A TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1023 APPALOUS A TR TALLAHASSEE FL 32304</b>
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
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 <b>200252323472 10/02/13--01004--007 **238.75</b>
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
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
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

**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: *L Douglas Beard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS