

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SEP 30 2013

13 SEP 30 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L12000096279

1. Entity Name
JAIMES FLOOR COVERING LLC

Principal Place of Business 4837 BRITTANY BLVD TALLAHASSEE, FL 32303	Mailing Address 4837 BRITTANY BLVD TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09302013 REIN-LLC CR2E101 (12/11)

City & State	City & State
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4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

RICO, JAIME
4837 BRITTANY BLVD
TALLAHASSEE, FL 32303

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 entry 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 *Jaime Rico* DATE 9.30.13

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	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM RICO, JAIME D 4837 BRITTANY BLVD TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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10/01/13--01001--019 ***238.75

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: *Jaime Rico* DATE 9.30.13

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