


2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

14 AUG 19 PM 2:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA


DOCUMENT # L12000108233 1. Entity Name OUTBACK FENCE & DECK LLC	
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Principal Place of Business 1270 FRANK SMITH RD. QUINCY, FL 32352	Mailing Address 1270 FRANK SMITH RD. QUINCY, FL 32352
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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08192014 REIN-LLC CR2E101 (12/11)

6. Name and Address of Current Registered Agent VOLZ, RICKEY A 1270 FRANK SMITH RD. QUINCY, FL 32352	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Rick Volz* (NOTE: Registered Agent signature required when reinstating) DATE 8-19-14

FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VOLZ, RICKEY A 1270 FRANK SMITH RD. QUINCY, FL 32352	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
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08/19/14--01019--021 **377.50

REINSTATEMENT

RLH **AUG 19 2014**

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: *Rick Volz* DATE: 8-19-14 E-MAIL ADDRESS: _____

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