

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

13 DEC 23 PM 1:24

RECEIVED STATE
FLORIDA

DOCUMENT # L12000117695

1. Entity Name
ALL BEEF BUSINESS VENTURES LLC



Principal Place of Business
**3025 STILLWOOD CT.
TALLAHASSEE, FL 32308 US**

Mailing Address
**3025 STILLWOOD CT.
TALLAHASSEE, FL 32308 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



12232013 REIN-LLC CR2E101 (12/11)

6. Name and Address of Current Registered Agent
**FOGARTY, BRENNAN
3025 STILLWOOD CT.
TALLAHASSEE, FL 32308**

4. FEI Number
46-1003232

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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 *[Signature]* DATE **12/23/13**

Signature, typed or printed name of registered agent and fee is 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	MGRM FOGARTY, BRENNAN 3025 STILLWOOD CT. TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. 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: *[Signature]* DATE **12/24/13**

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

DEC 23 2013
S. PRATHER