


# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

AND  
FILED

14 SEP 29 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L12000121925					
1. Entity Name THOMAS RUSSELL CONSTRUCTION SERVICES, LLC					
Principal Place of Business 3502 N. MONROE ST. TALLAHASSEE, FL 32303			Mailing Address 3502 N. MONROE ST. 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		09292014 REIN-LLC CR2E101 (12/11)	
Zip		Country		4. FEI Number	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUSSELL, THOMAS 3502 N. MONROE ST. TALLAHASSEE, FL 32303			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$238.75</b> After January 1, 2015, 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 RUSSELL, THOMAS 3502 N. MONROE STREET TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800264768488 09/29/14--01001--014 **238.75	
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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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	
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: _____		Date: 9-29-14		E-MAIL ADDRESS	

Rg 9/29/14