

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

14 SEP 29 AM 9:51

DOCUMENT # L12000121925 1. Entity Name THOMAS RUSSELL CONSTRUCTION SERVICES, LLC						SECRETARSEE FLORIDA				
Principal Plac 3502 N. MO TALLAHASSE	NROE ST.		Malling Address 3502 N. MONROE ST. TALLAHASSEE, FL 32303			 	FOL (IBIN 1181) BRI(I GRI(I) BRI(A	(NG#8 1980) NBNA 1880 N		
2. Principal P	tace of Busin	ness - No P.O. Box#	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09292014	REIN-LLC	CR2E101 (12	/11)	
City & State			City & State			4. FEI Numb	per		Applied For Not Applicable	
Zip	Country		Zip Count		ntry	5. Certificate of Status Desired			□ \$5.00 Additional Fee Required	
	6. Name	and Address of Current F	egistered Agent Name		7. Name an	d Address of New Re	gistered Agent			
RUSSELL 3502 N. M TALLAHAS	ONROE S	ST.	Street Address		P.O. Box Numb	per 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, typed or printed name of registered agent and bits if applicable. (NOTE; Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$238.75 After January 1, 2015, Fee will be \$377.50								check payable Department of S		
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE NAME	MGRM ☐ Delete ΠΤΙ RUSSELL, THOMAS					Change Addition				
STREET ADDRESS CITY-ST-ZIP	3502 N. MONROE STREET ST				EET ADORESS '-\$T-ZIP	09/2 	1 002647 29/1401001	768488 014 **2	38.75	
TITLE NAME	☐ Delets TII							☐ Cha	nge 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '- ST-ZIP					
TITLE NAME	☐ Delete TITL							☐ Cha	nge 🗀 Addution	
STREET ADDRESS CITY-ST-ZIP	STR				EET ADDRESS -ST-ZIP				·	
TITLE NAME			☐ Delete	TITLE				☐ Cha	nge 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP	i			STRE	EET ADDRESS '-ST-ZIP				i	
TITLE	☐ Dalete TITLE							Cha	nge Addition	
NAME STREET ADDRESS CITY - STZIP					EET ADDRESS '-ST-ZIP					
TITLE			☐ Delete	TITLE	-			☐ Cha	nge	
NAME STREET ADDRESS CITY-ST-ZIP		ł			E ET ADORESS -ST-ZIP					
11. I hereby certify that the information supplied with this filling 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 upport as required by Chapter 608, Florida Statutes.										
SIGNATURE: 9-29-17V SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGING FOR AUTHORIZED REPRESENTATIVE DAIL E-MAIL ADDRESS E-MAIL ADDRESS										

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