

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L12000124405

1. Entity Name  
PEACOCKS INSIDE & OUT LLC



13 SEP 30 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
17691 AMAZIAH PEACOCK ROAD  
ALTA, FL 32421

Mailing Address  
17691 AMAZIAH PEACOCK ROAD  
ALTA, FL 32421



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

Altha Fla

City & State

Altha Fla

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEACOCK, DOYLE  
17691 AMAZIAH PEACOCK ROAD  
ALTA, FL 32421

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Altha

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

*Doyle Peacock*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
PEACOCK, DOYLE  
17691 AMAZIAH PEACOCK ROAD  
ALTA, FL 32421 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*Altha* ☒ Change ☐ Addition

TITLE  
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CITY - ST - ZIP ☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
SEP 30 2013  
S. PRATHER

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:

*Doyle Peacock*

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

E-MAIL ADDRESS