

2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

15 SEP 29 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09292015 REIN-LLC CR2E101 (12/11)

4. FEI Number ☐ Applied For
Not Applicable

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

DOCUMENT # L12000138511

1. Entity Name
FAST MULTI CONSTRUCTION, LLC



Principal Place of Business
10485 VALENTINE RD S.
TALLAHASSEE, FL 32317

Mailing Address
10485 VALENTINE RD S.
TALLAHASSEE, FL 32317

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

6. Name and Address of Current Registered Agent
ANGELES, JUVENTINA
10485 VALENTINE RD S.
TALLAHASSEE, FL 32317

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 Juventina Angeles (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2016, 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	MGR ANGELES, ASUNCION 10485 VALENTINE RD S. TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANGELES, JUVENTINA 10485 VALENTINE RD S. TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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09/30/15--01001--009 **238.75

S. HAWKES

SEP 29 A.M.

EXAMINER

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: Juventina Angeles

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