
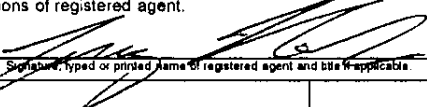
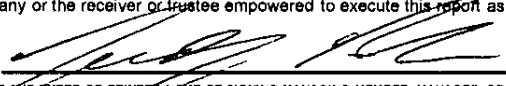


# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
AND  
FILED

14 OCT 30 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # L13000001096</b> 1. Entity Name <b>AMERICAN GUTTERS OF TALLAHASSEE LLC</b>					
Principal Place of Business <b>630 HOLLY CIRCLE QUINCY, FL 32351</b>			Mailing Address <b>630 HOLLY CIRCLE QUINCY, FL 32351</b>		
2. Principal Place of Business - No P.O. Box # <b>404 Moore Rd</b>		3. Mailing Address <b>404 Moore Rd</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Quincy FL</b>		City & State <b>Quincy FL</b>		4. FEI Number 	
Zip <b>32351</b>		Country <b>US</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>PERKINS, LARRY 630 HOLLY CIRCLE QUINCY, FL 32351</b>			7. Name and Address of New Registered Agent Name <b>Larry Perkins</b> Street Address (P.O. Box Number is Not Acceptable) <b>404 Moore Rd</b> City <b>Quincy</b> <b>FL</b> Zip Code <b>32351</b>		
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> <b>After January 1, 2015, Fee will be \$377.50</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PERKINS, LARRY 630 HOLLY CIRCLE QUINCY, FL 32351		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Larry Perkins</b> <b>404 Moore Rd</b> <b>Quincy, FL 32351</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ E-MAIL ADDRESS _____					