


2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

15 OCT 21 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000013064		
1. Entity Name 2900 PAR LN LLC		

Principal Place of Business 4922 LESTER RD TALLAHASSEE, FL 32317 US	Mailing Address 4922 LESTER RD TALLAHASSEE, FL 32317 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10212015 REIN-LLC CR2E101 (12/11)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent COULTER, JOHN 4922 LESTER RD 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
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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 John S. Coulter (NOTE: Registered Agent signature required when reinstating) DATE 10-21-15

FILE NOW!!! FEE IS \$238.75 After January 1, 2016, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COULTER, JOHN P O BOX 5274 TALLAHASSEE, FL 32314 <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 COULTER, JOHN BLAINE P O BOX 5274 TALLAHASSEE, FL 32314 <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: John S. Coulter DATE 10-21-15

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

REINSTATEMENT
RLH