# 2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED AND FILED

15 MAY -5 PM 2:11

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # L13000054187

1. Entity Name
TIGHT IZ RITE CUSTOM TRIM AN UNLIMITED LLC

Principal Place of Business
1554 LAKE AVENUE #205
TALLAHASSEE, FL 32310

Mailing Address
1554 LAKE AVENUE #205
TALLAHASSEE, FL 32310

2. Principal Place of Business - No P.O. Box #: Tight Iz Rite Custom Trim An Unlimited
Suite, Apt. #, etc.: 26664 Pinenoll Dr
City & State: Tallahassee FL
Zip: 32305 Country: Leon

3. Mailing Address: Tight Iz Rite Custom Trim An Unlimited
Suite, Apt. #, etc.: 26664 Pinenoll Dr
City & State: Tall FL
Zip: 32305 Country: Leon

05052015 REIN-LLC CR2E101 (12/11)

4. FEI Number: Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CRAWFORD, EVELYN
1554 LAKE AVENUE #205
TALLAHASSEE, FL 32310

7. Name and Address of New Registered Agent
Name: Evelyn L. Crawford
Street Address (P.O. Box Number is Not Acceptable): 26664 Pinenoll Dr.
City: Tallahassee FL Zip Code: 32305

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: Evelyn Crawford 5-5-15
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, 2016, Fee will be $377.50**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

| | |
|---|---|
| TITLE | MRG ☐ Delete |
| NAME | CRAWFORD, EVELYN |
| STREET ADDRESS | 1554 LAKE AVENUE #205 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32310 |
| TITLE | MRGM ☐ Delete |
| NAME | RHODES, CALVIN |
| STREET ADDRESS | 1554 LAKE AVENUE #205 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32310 |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

10. ADDITIONS / CHANGES

| | |
|---|---|
| TITLE | Owner ☒ Change ☐ Addition |
| NAME | Evelyn Crawford |
| STREET ADDRESS | 26664 Pinenoll Dr. |
| CITY-ST-ZIP | Tallahassee FL 32305 |
| TITLE | Manager ☒ Change ☐ Addition |
| NAME | Calvin Rhodes |
| STREET ADDRESS | 26664 Pinenoll Dr |
| CITY-ST-ZIP | Talla FL 32305 |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | 100272619641 |
| CITY-ST-ZIP | 05/05/15--01029--009 **377.50 |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:** Evelyn Crawford 5-5-15 Dirty Rhodes41@Gmail.com

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

K. ASHTON