APPROVED AND FILED

15 MAY -5 PM 2:11

SECRETARY OF STATE TALLAHASSEE FLORIDA

2015 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L13000054187

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

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

05052015 REIN-LLC CR2E101 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Tight Iz Rite Custom Trim An Unlimited	Tight Iz Rite Custom Trim An Unlimited
Suite, Apt. #, etc.: 26664 Pinenoll Dr	Suite, Apt. #, etc.: 26664 Pinenoll Dr
City & State: Tallahassee FL	City & State: Tall FL
Zip: 32305 Country: Leon	Zip: 32305 Country: Leon

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	7. Name and Address of New Registered Agent
CRAWFORD, EVELYN 1554 LAKE AVENUE #205 TALLAHASSEE, FL 32310	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			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MRG CRAWFORD, EVELYN 1554 LAKE AVENUE #205 TALLAHASSEE, FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	owner Evelyn Crawford 26664 Pinenoll Dr. Tallahassee FL 32305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MRGM RHODES, CALVIN 1554 LAKE AVENUE #205 TALLAHASSEE, FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Calvin Rhodes 26664 Pinenoll Dr Talla FL 32305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100272619641 05/05/15--01029--009 **377.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: 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