


2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

14 NOV -7 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000066776					
1. Entity Name COUNTRY BOY LLC					
Principal Place of Business 184 STATEN ROAD CRAWFORDVILLE, FL 32327			Mailing Address 184 STATEN ROAD CRAWFORDVILLE, FL 32327		
2. Principal Place of Business - No P.O. Box # 2740 Juncture Dr.		3. Mailing Address 2740 Juncture Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State Tallahassee FL			
Zip 32305	Country LEON	Zip 32305	Country LEON		
6. Name and Address of Current Registered Agent HOLLINSWORTH, TERRY LEE JR. 184 STATEN ROAD CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name: Terry Lee Hollinsworth Street Address (P.O. Box Number is Not Acceptable) 2740 Juncture 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: Terry Lee Hollinsworth DATE: 10-7-14 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$238.75 After January 1, 2015, 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	MGRM HOLLINSWORTH, TERRY LEE JR. 184 STATEN ROAD CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Terry Lee Hollinsworth DATE: 10-7-14 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS</small>					



11072014 REIN-LLC CR2E101 (12/11)

4. FEI Number
46-2716084 Applied For
Not Applicable

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

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11/07/14--01002--010 238.75

OC 11/7/14