

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L13000074840

1. Entity Name
AUTO DETAILS BY CUSTOM DETAILING LLC



APPROVED
AND
FILED

14 DEC -4 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12042014 REIN-LLC CR2E101 (12/11)

4. FEI Number
46-2826084

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RONG, FRANK
3116 CAPITAL CIR NE STE 3
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name Amy Wheeler
Street Address (P.O. Box Number is Not Acceptable)
2490 CENTERVILLE RD
TALLAHASSEE
City FL Zip Code 32308

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/4/14

DATE

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

TITLE MGR
NAME WHEELER, AMY
STREET ADDRESS 6869 GLENMEADOW LN
CITY- ST- ZIP TALLAHASSEE, FL 32317

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10. ADDITIONS/CHANGES

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CITY- ST- ZIP

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/4/14 CustomDetailingTally@

E-MAIL ADDRESS

gmail.com