

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L13000083502

1. Entity Name
FINISHING TOUCH OF TALLAHASSEE LLC



16 NOV 10 AM 9:18

SECURITY STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
64 E. J. STRINGER RD 64 E. J. STRINGER RD
CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 32327



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11102016 REIN-LLC CR2E101 (12/11)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERARDI, WILLIAM C
64 E. J. STRINGER RD
CRAWFORDVILLE, FL 32327

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

Zip Code

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

William C Berardi

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

(NOTE: Registered Agent signature required when reinstating)

11/10/16

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2017, Fee will be \$377.50

Make check payable to
Florida Department of State

300292211963

11/10/16--01007--002 **238.75

9. MANAGING MEMBERS/MANAGERS

10.

TITLE MGRM ☐ Delete
NAME BERARDI, WILLIAM
STREET ADDRESS 64 E. J. STRINGER RD
CITY- ST- ZIP CRAWFORDVILLE, FL 32327

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM ☒ Delete
NAME WINFIELD, RAY
STREET ADDRESS 8446 LAKE ATKINSON
CITY- ST- ZIP TALLAHASSEE, FL 32310

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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:

William C Berardi

11/10/16

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

E-MAIL ADDRESS