

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L13000116996

1. Entity Name
MYKCICI GROCERY & CLEANING LLC



FILING CANCELLED RETURN
CHECK

16 MAY 27 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2416 JACKSON BLUFF RD., #88
TALLAHASSEE, FL 32304

Mailing Address
2416 JACKSON BLUFF RD., #88
TALLAHASSEE, FL 32304
OR P.O. BOX 6604

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05272016 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

7. Name and Address of New Registered Agent

OLAOGUN, MICHAEL S
2416 JACKSON BLUFF RD., #88
TALLAHASSEE, FL 32304

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

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, 2017, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME OLAOGUN, MICHAEL SUPO
STREET ADDRESS 1607 MCCASKILL AVE., #8
CITY- ST- ZIP TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME 2315 Jackson Bluff
STREET ADDRESS Rd #439G
CITY- ST- ZIP Tall FL- 32304

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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:

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

Date

E-MAIL ADDRESS

FILING CANCELLED
RETURNED CHECK

100286325851
05/31/16--01003--004 **377.50