


# 2016 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
AND  
FILED

16 JAN 25 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # L13000145697</b>			
1. Entity Name <b>BETH TURNER ENTERPRISES, LLC</b>			
Principal Place of Business <b>4137 FAULKNER LANE TALLAHASSEE, FL 32311</b>		Mailing Address <b>PO BOX 6642 TALLAHASSEE, FL 32314</b>	
2. Principal Place of Business - No P.O. Box # <b>2750 Old St. Augustine Rd.</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>T206</b>		Suite, Apt. #, etc.	
City & State <b>Tallahassee, FL</b>		City & State	
Zip <b>32301</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>TURNER, MARY E 4137 FAULKNER LANE TALLAHASSEE, FL 32311</b>		7. Name and Address of New Registered Agent Name <b>TURNER, MARY E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2750 Old St. Augustine Rd., # T206</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b>	
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: <u>Mary E. Turner</u> (NOTE: Registered Agent signature required when reinstating)      DATE: _____			
<b>FILE NOW!!! FEE IS \$238.75 After January 1, 2017, Fee will be \$377.50</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGRM</b> <input type="checkbox"/> Delete	NAME <b>TURNER, MARY E</b>	TITLE <b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>TURNER, MARY E.</b>
STREET ADDRESS <b>4137 FAULKNER LANE</b>	CITY-ST-ZIP <b>TALLAHASSEE, FL 32311</b>	STREET ADDRESS <b>2750 Old St. Augustine Rd # T206</b>	CITY-ST-ZIP <b>Tallahassee, FL 32301</b>
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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: <u>Mary E. Turner (MARY E. TURNER)</u>		Date: <u>1/25/16</u> E-MAIL ADDRESS: <u>dollbabyshop@yahoo.com</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

JAN 25 2015

M. WILLIAMS