

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

16 JAN 25 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L13000145697			
1. Entity Name BETH TURNER ENTERPRISES, LLC			
Principal Place of Business 4137 FAULKNER LANE TALLAHASSEE, FL 32311		Mailing Address PO BOX 6642 TALLAHASSEE, FL 32314	
2. Principal Place of Business - No P.O. Box # 2750 Old St. Augustine Rd.		3. Mailing Address	
Suite, Apt. #, etc. T206		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State	
Zip 32301	Country USA	Zip	Country
6. Name and Address of Current Registered Agent TURNER, MARY E 4137 FAULKNER LANE TALLAHASSEE, FL 32311		7. Name and Address of New Registered Agent Name TURNER, MARY E. Street Address (P.O. Box Number is Not Acceptable) 2750 Old St. Augustine Rd., # T206 City Tallahassee FL Zip Code 32301	
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: _____			
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 NAME STREET ADDRESS CITY- ST- ZIP	MGRM TURNER, MARY E 4137 FAULKNER LANE TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM TURNER, MARY E. 2750 Old St. Augustine Rd # T206 Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	01/25/16--01008--007--**377.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	000281371230 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/25/16--01008--007--**377.50
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: <u>Mary E. Turner (MARY E. TURNER)</u>		Date: <u>1/25/16</u> E-MAIL ADDRESS: <u>dollbabyshop@yahoo.com</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>DATE</small>	

JAN 25 2015

M. WILLIAMS