

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

16 JAN 25 AM 11:06

SECRET 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

01252016

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

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

Mary E. Turner

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

TITLE MGRM ☐ Delete
NAME TURNER, MARY E
STREET ADDRESS 4137 FAULKNER LANE
CITY- ST- ZIP TALLAHASSEE, FL 32311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME TURNER, MARY E.
STREET ADDRESS 2750 Old St. Augustine Rd # T206
CITY- ST- ZIP Tallahassee, FL 32301

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

TITLE ☐ Change ☐ Addition
NAME 01/25/16-01008-007-377.50
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME 000281371230
STREET ADDRESS 01/25/16-01008-007 **377.50
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Mary E. Turner (MARY E. TURNER)

1/25/16 dollbabyshop@yahoo.com

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

Date 1/6

E-MAIL ADDRESS

JAN 25 2015

M. WILLIAMS