


2016 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

16 APR 28 AM 10:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L14000044073 1. Entity Name TROY CROSBY FLOORING LLC					
Principal Place of Business 8495 BAY CEDAR DRIVE TALLAHASSEE, FL 32310			Mailing Address 8495 BAY CEDAR DRIVE TALLAHASSEE, FL 32310		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		04282016 REIN-LLC CR2E101 (12/11)	
Zip		Country		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CROSBY, TROY 8495 BAY CEDAR DRIVE TALLAHASSEE, FL 32310				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <i>Troy Crosby</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				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	AMBR WAYNE CROSBY, TROY 8495 BAY CEDAR DRIVE TALLAHASSEE, FL 32310			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Troy Crosby</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				E MAIL ADDRESS	

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04/28/16 01008-001 **377.50

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M WILLIAMS