

2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

15 OCT 26 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000075644

1. Entity Name
AGRIBUGS LLC



Principal Place of Business
2267 SANDPIPER ST.
TALLAHASSEE, FL 32303

Mailing Address
2267 SANDPIPER ST.
TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box #
726 N. Meridian St.
Suite, Apt. #, etc.

3. Mailing Address
726 N. Meridian St.
Suite, Apt. #, etc.



10262015 REIN-LLC CR2E101 (12/11)

City & State
Tallahassee Florida
Zip
32303
Country
U.S.

City & State
Tallahassee FL
Zip
32303
Country
U.S.

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

RAJENDRANATH, DARREN
2267 SANDPIPER ST.
TALLAHASSEE, FL 32303

Name
Darren Rajendranath
Street Address (P.O. Box Number is Not Acceptable)
726 N. Meridian St.
City
Tallahassee
FL
Zip Code
32303

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

(NOTE: Registered Agent signature required when reinstating)

10/-26/15
DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2016, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AMBR
RAJENDRANATH, DARREN
2267 SANDPIPER ST.
TALLAHASSEE, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OCT 2 6 2015
L. SELLERS ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AMBR
Rajendranath, Darren
726 N. Meridian St.
Tallahassee, FL 32303 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400278478924
10/26/15--01009--011 **238.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 2015 ☐ Change ☐ Addition

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

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

10/26/15 darrenraj86@gmail.com
E-MAIL ADDRESS

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