

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

16 APR -5 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000088680

1. Entity Name
MR. KRABS, LLC



Principal Place of Business
290 HANNON MILL RD
K1
TALLAHASSEE, FL 32305

Mailing Address
P.O. BOX 25
WOODVILLE, FL 32362



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052016 REIN-LLC CR2E101 (12/11)

City & State

City & State

4. FEI Number

37-1759052

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROWN, TERRY
9503 FOREST GROVE ROAD
TALLAHASSEE, FL 32305

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature]

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AMBR
BROWN, TERRY
9503 FOREST GROVE RD
TALLAHASSEE, FL 32305 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AMBR
BROWN, VINCENT
P.O. BOX 135
WOODVILLE, FL 32305 ☐ Delete

TITLE
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☐ Change ☐ Addition
600284229256
04/05/16--01010--020 **377.50

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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:

[Signature]

4-5-16

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

E-MAIL ADDRESS

K. ASHTON