

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

16 APR 28 AM 10:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L14000099328

1. Entity Name
DANIEL RAMIREZ HARDWOOD L.L.C.



Principal Place of Business
2627 CHATEAU LANE, SUITE A
TALLAHASSEE, FL 32311

Mailing Address
2627 CHATEAU LANE, SUITE A
TALLAHASSEE, FL 32311



2. Principal Place of Business - No P.O. Box #
3484 Orlando Dr.

3. Mailing Address
3484 Orlando Dr.

04282016 REIN-LLC CR2E101 (12/11)

City & State
Tallahassee FL
Zip
32301
Country
U.S.

City & State
Tallahassee FL
Zip
32301
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

RAMIREZ, DANIEL L
2627 CHATEAU LANE, SUITE A
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name
DANIEL RAMIREZ
Street Address (P.O. Box Number is Not Acceptable)
3484 ORLANDO DR.
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
[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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AMBR
RAMIREZ, DANIEL
2627 CHATEAU LANE, SUITE A
TALLAHASSEE, FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
LYNCH, MATTHE
3018 KEVIN STREET
TALLAHASSEE, FL 32301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
LYNCH, ROBERT
3018 KEVIN STREET
TALLAHASSEE, FL 32301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

APR 28 2015
E MAIL ADDRESS

M. WILLIAMS