

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000185018

1. Limited Liability Company's Name

ALL THE BIG STUFF LLC

2. Principal Office Address - No P.O. Box #
12620 BEACH BLVD

Suite, Apt. #, etc.
#3-217

City & State
JACKSONVILLE, FL

Zip Country
32246 USA

3. Mailing Office Address
12620 BEACH BLVD

Suite, Apt. #, etc.
#3-217

City & State
JACKSONVILLE, FL

Zip Country
32246 USA

8. Name and Address of Current Registered Agent

Name
NICHOLAS J. ROULEY

Street Address (P.O. Box Number is Not Acceptable) Suite,
12620 BEACH BLVD

Apt. #, Etc.
#3-217

City
JACKSONVILLE

State Zip Code
FL 32246

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2.9.16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	NICHOLAS J. ROULEY	12620 BEACH BLVD	JACKSONVILLE, FL 32246

REINSTATEMENT

2015 - 2016

11. E-mail Address: nrouley@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 2.9.16

Daytime Phone #

904-672-0109

Typed or printed name of signing authorized representative/member

NICHOLAS J. ROULEY