


2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

15 NOV -6 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000191072	
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1. Entity Name HEFNER SIDING LLC	Principal Place of Business 5731 LAKESHORE TALLAHASSEE, FL 32313 US	Mailing Address 5731 LAKESHORE TALLAHASSEE, FL 32313 US
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2. Principal Place of Business - No P.O. Box # 47 Countryway Suite, Apt. #, etc.	3. Mailing Address 47 Countryway Suite, Apt. #, etc.
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City & State Crawfordville FL Zip 32327 Country US	City & State Crawfordville FL Zip 32327 Country US
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11062015 REIN-LLC CR2E101 (12/11)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HEFNER, MICHAEL A 5731 LAKESHORE TALLAHASSEE, FL 32313	

7. Name and Address of New Registered Agent Name: Michael Hefner Street Address (P.O. Box Number is Not Acceptable): 47 Countryway City: Crawfordville FL Zip Code: 32327	
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: <u>Michael Hefner</u> Date: <u>11/06/15</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$238.75 After January 1, 2016, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEFNER, MICHAEL 5731 LAKESHORE TALLAHASSEE, FL 32313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	47 Countryway Crawfordville FL 32327 <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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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: <u>Michael Hefner</u> Date: <u>11/06/15</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	