

# 2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L15000021042

1. Entity Name  
KATIE'S R AND R LLC



16 SEP 28 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8256 HUNTERS RIDGE TRAIL  
TALLAHASSEE, FL 32312

Mailing Address  
8256 HUNTERS RIDGE TRAIL  
TALLAHASSEE, FL 32312

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

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

09282016 REIN-LLC CR2E101 (12/11)

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

IGOU, WILLIAM D  
8256 HUNTERS RIDGE TRAIL  
TALLAHASSEE, FL 32312

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, 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.

TITLE MGR ☐ Delete  
NAME IGOU, WILLIAM  
STREET ADDRESS 8256 HUNTERS RIDGE TRAIL  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☒ Delete  
NAME HEATH, KIM  
STREET ADDRESS 3135 SHANNON LKS N  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE  
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09/28/16--01007--003 \*\*238.75

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

E-MAIL ADDRESS

igoubuilders@hotmail.com  
igoubuilders@gmail.com