
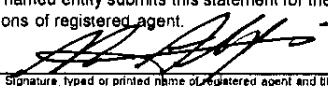
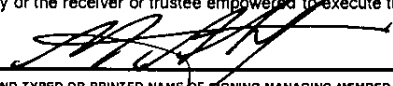


2016 LIMITED LIABILITY COMPANY REINSTATEMENT

| | | | | | | | |
|--|---|---------|--|---|--|---|--|
| DOCUMENT # L15000162893 1. Entity Name 4S TIRE LLC | | | |  | | <div style="text-align: right;"> 16 OCT 14 PM 2:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> | |
| Principal Place of Business 1471 CAPITAL CIR NW C TALLAHASSEE, FL 32303 US | | | | Mailing Address 1471 CAPITAL CIR NW C TALLAHASSEE, FL 32303 US | | | |
| 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 | |
| 4. FEI Number | | | | Applied For <input 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 ASKARI, MIKE 3066 KILLEARN POINT CT TALLAHASSEE, FL 32312 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | |
| 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE OCT, 14, 16 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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 | MGR ASKARI, MIKE 3066 KILLEARN POINT CT TALLAHASSEE, FL 32312 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> 900291271409 10/14/16--01013--006 **238.75 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MOGHTADERI, AHMAD 3066 KILLEARN POINT CT TALLAHASSEE, FL 32312 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"> <input type="checkbox"/> Delete </div> | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Baharak ASKARI MGR M 3066 Killearn Point Ct. TALLAHASSEE, FL 32312 <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"> <input type="checkbox"/> Delete </div> | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"> <input type="checkbox"/> Delete </div> | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"> <input type="checkbox"/> Delete </div> | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and I hereby 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | | | |
| <small>Date</small> | | | | <small>E-MAIL ADDRESS</small> | | | |