

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L15000164424

1. Entity Name
KATINA'S JANITORIAL & CLEANING SERVICES, LLC



16 OCT -4 PM 4:09

Principal Place of Business
1675 COREY WOOD CIRCLE
TALLAHASSEE, FL 32304

Mailing Address
1675 COREY WOOD CIRCLE
TALLAHASSEE, FL 32304

SECOND STATE
TALLAHASSEE, FLORIDA
400290939824
10/05/16--01001--013 #238.75



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10042016 REIN-LLC CR2E101 (12/11)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GLASCO, KATINA
1675 COREY WOOD CIRCLE
TALLAHASSEE, FL 32304

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

Katrina Glasco

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. ADDITIONS/CHANGES

TITLE MGR
NAME GLASCO, KATINA
STREET ADDRESS 1675 COREY WOOD CIRCLE
CITY- ST- ZIP TALLAHASSEE, FL 32304 ☐ Delete

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

TITLE
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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ 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:

Katrina Glasco

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

10/4/16 info@Katinasjanitorialandcleaning.com

E-MAIL ADDRESS