

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L15000190484

1. Entity Name
AARON SHEPPARD LLC



16 OCT 11 AM 10:21

Principal Place of Business
2000 CHOWKEEBIN NENE
TALLAHASSEE, FL 32301

Mailing Address
2000 CHOWKEEBIN NENE
TALLAHASSEE, FL 32301

SECRET
401 TALLAHASSEE, FLORIDA 32301, FL
10/11/16-01006-003-FLORIDA 238.75



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10112016 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

SHEPPARD, AARON
2000 CHOWKEEBIN NENE
TALLAHASSEE, FL 32301

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

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

10-11-16

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: SHEPPARD, AARON Delete
STREET ADDRESS: 2000 CHOWKEEBIN NENE
CITY-ST-ZIP: TALLAHASSEE, FL 32301

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: 400291117504
CITY-ST-ZIP: 10/11/16-01006-003 \$238.75

TITLE: AMBR
NAME: HOFFMAN, MARY Delete
STREET ADDRESS: 2000 CHOWKEEBIN NENE
CITY-ST-ZIP: TALLAHASSEE, FL 32301

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

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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CITY-ST-ZIP: Change Addition

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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: *[Handwritten Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS

REINSTATEMENT

OCT 11 2016

R. HUNT