## 2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000125966

Entity Name: JOHN PAUL GRAHAM, LLC

**Current Principal Place of Business:** 

1820 CRAVEN DR SEFFNER, FL 33584

**Current Mailing Address:** 

1820 CRAVEN DR SEFFNER, FL 33584 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAHAM, JOHN P 1820 CRAVEN DR SEFFNER, FL 33584 US

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.

SIGNATURE: JOHN P GRAHAM 08/10/2015

Electronic Signature of Registered Agent

Date

FILED Aug 10, 2015

**Secretary of State** 

CR5478085879

Authorized Person(s) Detail:

Title MGR Title MGR

Name GRAHAM, JOHN P Name BYRD, PAULA

Address 1820 CRAVEN DR Address 2759 OAK HILL VILLAGE CIRCLE

City-State-Zip: SEFFNER FL 33584 City-State-Zip: VALRICO FL 33514

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: JOHN P GRAHAM

08/10/2015

Date