

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000011192

FILED
Oct 12, 2005
Secretary of State

Entity Name: PROCON BUILDING PRODUCTS, LLC

Current Principal Place of Business:

381 ESCAMBIA DR.
WINTER HAVEN, FL 33884

New Principal Place of Business:

2099 EXECUTIVE RD.
63
WINTER HAVEN, FL 33884

Current Mailing Address:

2099 EXECUTIVE RD.
63
WINTER HAVEN, FL 33884

New Mailing Address:

6039 CYPRESS GARDENS BLVD.
213
WINTER HAVEN, FL 33884

FEI Number: 81-0547344 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALBRECHT, TIMOTHY D
381 ESCAMBIA DR.
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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: TIMOTHY D. ALBRECHT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALBRECHT, TIMOTHY D
Address: 381 ESCAMBIA DR.
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: ALBRECHT, ANGELA R
Address: 381 ESCAMBIA DR.
City-St-Zip: WINTER HAVEN, FL 33884 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TIMOTHY D. ALBRECHT

MGRM

10/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date