


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 24 AM 8:14

**DOCUMENT # L03000053376**

1. Entity Name  
**PIERCE CUSTOM CARPENTRY LLC**



Principal Place of Business 14900 SW 24TH PLACE OCALA, FL 34481	Mailing Address 14900 SW 24TH PLACE OCALA, FL 34481
---	---

2. Principal Place of Business <i>Same</i> Suite, Apt. #, etc.	3. Mailing Address <i>Same</i> Suite, Apt. #, etc.
--	--

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

*Handwritten initials*



02042005 REIN-LLC CR2E101 (6/04)

6. Name and Address of Current Registered Agent

**PIERCE, RANDY J**  
14900 SW 24TH PLACE  
OCALA, FL 34481

7. Name and Address of New Registered Agent

Name *Same*  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

**REINSTATEMENT 04-05**

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 *Randy J Pierce* (NOTE: Registered Agent signature required when reinstating) DATE *3/21/05*

**FILE NOW!!! FEE IS \$200.00**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PIERCE, RANDY J 14900 SW 24TH PLACE OCALA, FL 34481	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	100049555621 03/31/05--01004--014 **205.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Randy J Pierce*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #