# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000071271

**FILED**
**Oct 03, 2006**
**Secretary of State**

**Entity Name:** OCAMPO'S FLOORING, LLC

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 125 SMILEY STRA RD<br>CRESCENT CITY, FL 32112 US | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| PO BOX 303<br>BARBERVILLE, FL 32105 US | |

FEI Number: 20-3197541        FEI Number Applied For ( )        FEI Number Not Applicable ( )        Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| ANDINO, FRANCISCO JR<br>4887 TOPROYAL LN<br>JACKSONVILLE, FL 32277 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: FRANCISCO ANDINO, JR

Electronic Signature of Registered Agent                                        Date

**MANAGING MEMBERS/MANAGERS:**

| | |
|---|---|
| Title: | MGRM      ( ) Delete |
| Name: | OCAMPO, ABELARDO |
| Address: | 125 SMILEY STRA RD |
| City-St-Zip: | JACKSONVILLE, FL 32212 |

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

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | MGRM      (X) Change ( ) Addition |
| Name: | OCAMPO, ABELARDO |
| Address: | 125 SMILEY STRA RD |
| City-St-Zip: | CRESCENT CITY, FL 32212 US |

| | |
|---|---|
| Title: | MGRM      ( ) Change (X) Addition |
| Name: | OCAMPO, ABEL |
| Address: | 116 SMILEY STRA RD |
| City-St-Zip: | CRESCENT CITY, FL 32212 US |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ABELARDO OCAMPO                          MGRM                    10/03/2006

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