


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000094222	
1. Entity Name BILLY CROMBIE'S FLOOR COVERING LLC	

FILED

06 OCT 19 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 121 OCHLOCKNEE ROAD HAVANA, FL 32333	Mailing Address 121 OCHLOCKNEE ROAD HAVANA, FL 32333
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2. Principal Place of Business 15 LAKE ESSAY DR	3. Mailing Address 15 LAKE ESSAY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10192006 REIN-LLC CR2E101 (11/05)

City & State PANACEA FL	City & State PANACEA FL
Zip 32346	Country U.S.
City & State PANACEA FL	City & State PANACEA FL
Zip 32346	Country U.S.

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CROMBIE, BILLY 121 OCHLOCKNEE ROAD HAVANA, FL 32333
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15 LAKE ESSAY DR City PANACEA FL Zip Code 32346

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 <u>Billy Crombie</u> DATE <u>OCT 19, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROMBIE, BILLY 121 OCHLOCKNEE ROAD HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200081084562 10/20/06--01066--013 **55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

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: <u>Billy Crombie</u> DATE <u>OCT 19, 2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>
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