## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

RI	EINSTATEMENT	FILEU	A T.S.	
DOCUMENT # L06000103266			SECRETARY, OF STA	ATIONS
1. Entity Name SWANSON DECKING ENTERPRISES LLC			08 APR 23 - RM 2	: 27"
:			AO MLIL 50 - MIL E	- <b>(-</b> 1
Principal Place of Business	Mailing Address			•
134 MOSSWOOD CIRCLE 134 MOSSWOOD CIRCLE WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32				,
WINTER SPRINGS, FL 32700	אוואובא אראוואטא, דב	32706	( )	
Principal Place of Business - No P.O. Box # 3. Mailing Address				
55/1 /065/01 Suite Ani # erc	Stille, Apt. #, etc.	astal Huy.		
		<u> </u>		01 (1/07)
City & State	FL. Erawfordy	illy PL-	22-3946842	Applied For
Zip Country	A. 32327	Country A		55.00 Additional ee Required
6. Name and Addr	ess of Current Registered Agent		7. Name and Address of New Registered A	
SWANSON, RONALD C	•	Name S.	enson, Ronald	C.
134 MOSSWOOD CIRCLE WINTER SPRINGS, FL 327		Street Address (P.O. Box Number is Not Acceptable)		
			·	
City Folders FL Zip Code 32327				
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 Signature, typed or printed name of registered agent and fite if applicable. (NOTE: Registered Agent algebra fighture require figher refinatating)  DATE				
Check # 533 FILE NOW!!! FEE IS \$377.50  Make check payable to				
E al C.	,	•	Florida Departme	
9. MAN	AGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE MGRM NAME SWANSON, RONA	☐ Delete	TITLE MG	rRM / president	<b>⊠</b> Change ☐ Addition
STREET ADDRESS 134 MOSSWOOD	CIRCLE	STREET ADDRESS 25	• • • • • • • • • • • • • • • • • • • •	
TITLE MGRM	□ Delete	TITLE 6	TRM LIGHT PARTIES	S⊃7 □Change □ Addition
NAME" SWANSON, RONA STREET ADDRESS 134 MOSSWOOD	LDT	NAME STREET ADDRESS	rold I. Swonson	~ · -
CITY-ST-ZIP WINTER SPRINGS		CITY-ST-ZIP	M Coastor Hux	24
TITLE NAME	☐ Delete	TITLE NAME	•	Change Addition
STREET ADDRESS		STREET ADDRESS	3001251431 04/23/0801002008	**377.50
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition
NAME	in Delete	NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>\</b>	
TITLE	☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS		NAME STREET ADDRESS R	EINSTATEMENT 2007	1 2008
CITY-ST-ZIP		C111-81-21P	<del></del>	
TITLE NAME	☐ Defete	TITLE NAME	\	Change Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	•	ĺ
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: (2012) 4-17-08 F557933-5947				
	R PRINTED MAME OF SIGNING MANAGING MEMBER, MAN	NAGER, OR AUTHORIZED REPRESE	NTATIVE Date Date	time Phone #