

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Nov 02, 2009
Secretary of State**

DOCUMENT# L08000077533

Entity Name: DAVILA RIVAS DRYWALL, LLC

Current Principal Place of Business:

1964 BLUEBONNETT WAY
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

1964 BLUEBONNETT WAY
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 26-3153712 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:

Name and Address of New Registered Agent:

FREEDOM TAX SERVICE PLUS
225 BLANDING BLVD
ORANGE PARK, FL 32073 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: LORI FABRY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: DAVILA, ERMIS
Address: 1964 BLUEBONNETT WAY
City-St-Zip: ORANGE PARK, FL 32003

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

Title: MGR () Delete
Name: RIVAS, JULIO C
Address: 1964 BLUEBONNETT WAY
City-St-Zip: ORANGE PARK, FL 32003

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

Title: MGR () Delete
Name: GARCIA, JOSE L
Address: 1964 BLUEBONNETT WAY
City-St-Zip: ORANGE PARK, FL 32003

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

I hereby certify that the information supplied with this filing does not qualify 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: ERMIS DAVILA

MGR

11/02/2009

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