


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000053457		
1. Entity Name L&P LLC		

FILED

2005 MAY 11 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282005 REIN-LLC CR2E101 (6/04)

Principal Place of Business 8843 BEN ROWE ROAD MACCLENNY, FL 32063 US	Mailing Address P.O. BOX 342 GLEN ST. MARY, FL 32040 US
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2. Principal Place of Business 8843 BEN ROWE RD	3. Mailing Address P.O. Box 342
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MACCLENNY, FL	City & State Glen St. Mary
Zip 32063	Zip 32040
Country BAKER	Country FL

6. Name and Address of Current Registered Agent GRIFFIS, HAROLD L JR. 8843 BEN ROWE ROAD MACCLENNY, FL 32063		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Harold L. Griffis Jr.	DATE 04/29/05

FILE NOW!!! FEE IS \$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	MGR GRIFFIS, HAROLD L JR. 8843 BEN ROWE ROAD MACCLENNY, FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BECK, LEON P 9499 ASH ROAD MACCLENNY, FL 32063 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Harold L. Griffis Jr.	DATE: 04/29/05	DAYTIME PHONE #: 591-0311
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