


# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000025554		
1. Entity Name BRANNEN HOME IMPROVEMENTS LLC		

Principal Place of Business 195 BEAR CREEK ROAD EASTPOINT, FL 32328	Mailing Address PO BOX 676 EASTPOINT, FL 32328
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
BRANNEN, CHARLES O 195 BEAR CREEK ROAD EASTPOINT, FL 32328	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	
Zip Code	

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	DATE

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	
NAME	BRANNEN, CHARLES O	NAME	
STREET ADDRESS	PO BOX 676	STREET ADDRESS	
CITY - ST - ZIP	EASTPOINT, FL 32328	CITY - ST - ZIP	

TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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.			
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SIGNATURE	DATE	Daytime Phone #
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FILED

10 JUN 10 PM 5:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
400181963874  
06/11/10--01001--020 \*\*377.50



06102010 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-0941287	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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FILE NOW!!! FEE IS \$377.50

Make check payable to  
Florida Department of State

REINSTATEMENT  
09/10

09/10