

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

18 JUL -9 AM 10:32

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # L11000077671					
1. Entity Name CARLOS ALAS DRYWALL OF GADSDEN LLC					
Principal Place of Business 578 FRIDAY ROAD QUINCY, FL 32352			Mailing Address 578 FRIDAY ROAD QUINCY, FL 32352		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Box 27			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Midway F.I.		4. FEI Number	
Zip		Country		Zip 32343	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KEEL, LASHELLE 58 SIOUX CIRCLE HAVANA, FL 32333			7. Name and Address of New Registered Agent Name: Carlos Alas Street Address (P.O. Box Number is Not Acceptable): 578 Friday Rd. City: Quincy FL Zip Code: 32352		
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>Carlos Alas</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALAS, CARLOS 578 FRIDAY ROAD QUINCY, FL 32352		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONTRERAS, JUAN CARLOS 578 FRIDAY ROAD QUINCY, FL 32352		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARDOZA, JOSE 578 FRIDAY ROAD QUINCY, FL 32352		TITLE NAME STREET ADDRESS CITY - ST - ZIP	800249608928 07/09/13--01007--008 **377.50	
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	
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	JUL 09 2013 T. CAULEY	
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>Carlos Alas</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE	
E-MAIL ADDRESS					