



2015 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L11000077671 1. Entity Name CARLOS ALAS DRYWALL OF GADSDEN LLC					
Principal Place of Business 578 FRIDAY ROAD QUINCY, FL 32352		Mailing Address P.O. BOX 27 MIDWAY, FL 32343 US		000268633400 01/22/15--01002--002 **377.50	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 01212015 REIN-LLC CR2E101 (12/11)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		4. FEI Number 26-3982004	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALAS, CARLOS 578 FRIDAY ROAD QUINCY, FL 32352				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 <u>Carlos Alas</u> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$238.75 After January 1, 2016, Fee will be \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Tony de Jesus Alas 620 Edwin Clark Rd. Quincy FL 32351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONTRERAS, JUAN CARLOS 578 FRIDAY ROAD QUINCY, FL 32352	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OSCAR VIVA 578 Friday Rd Quincy FL 32352	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARDOZA JOSE 578 FRIDAY ROAD QUINCY, FL 32352	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OSCAR VIVA 578 Friday Rd Quincy FL 32352	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Tony Alas</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS					