

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000044502

**Entity Name:** GERALD EMMONS HOME IMPROVMENT LLC

**Current Principal Place of Business:**

200 HOSPITAL DR  
#6  
CRESTVIEW, FL 32539

**Current Mailing Address:**

200 HOSPITAL DR  
#6  
CRESTVIEW, FL 32539 US

**FEI Number:** 46-5036346

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

EMMONS, GERALD E  
200 HOSPITAL DR  
#6  
CRESTVIEW, FL 32539 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:** GERALD EMMONS

09/27/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED MEMBER
Name	EMMONS, GERALD E	Name	WARREN, MELISSA L
Address	200 HOSPITAL DR #6	Address	200 HOSPITAL DR #6
City-State-Zip:	CRESTVIEW FL 32539	City-State-Zip:	CRESTVIEW FL 32539

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GERALD EMMONS

MANAGER

09/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date