




2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 OCT 11 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000005696 1. Entity Name L & T BUILDING, LLC						06 OCT 11 PM 4:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 328 SOUTH 12TH STREET QUINCY, FL 32351 <i>338 Bay Street 32351</i>				Mailing Address 328 SOUTH 12TH STREET QUINCY, FL 32351 <i>338 Bay St Quincy 32351</i>			
2. Principal Place of Business 338 East Bay Street Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State Quincy, FL 32351		City & State		4. FEI Number 71-0934490		Applied For Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GRAYSON, JOHN M 118-B SALEM COURT TALLAHASSEE, FL 32301				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>/s/ JOHN M. GRAYSON</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$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		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIBUE, MARSBY 328 S. 12TH STREET QUINCY, FL 32351 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800080984658 10/18/06--01051--015 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRIBUE, MARVIN 338 E. BAY STREET QUINCY, FL 32351 <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 TRIBUE, LEONARD 241 RICHARD MOORE ROAD QUINCY, FL 32351 <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	<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		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							
Date						Daytime Phone #	