

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000041980

FILED
Oct 17, 2004
Secretary of State

Entity Name: SUPERIOR SPRAY FOAM, L.L.C.

Current Principal Place of Business:

809 WALKERBILT ROAD, SUITE 6
NAPLES, FL 34110

New Principal Place of Business:

16121 OLD US41
BUILDING #3
NAPLES, FL 34110

Current Mailing Address:

8717 RIVER HOMES LANE, APT. 207
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 41-2114428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, DONOVAN
8717 RIVER HOMES LANE, APT. 207
BONITA SPRINGS, FL 34135 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SMITH, DONOVAN
Address: 8717 RIVER HOMES LANE, APT. 207
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: GARRISON SPECIALTY C, HEMICALS, LLC
Address: 193 PRESCOLITE DR
City-St-Zip: EL DORADO, AR 71730

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DONOVAN SMITH

MGR

10/17/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date