


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 22 AM 9:56

DOCUMENT # L03000044193 1. Entity Name MICHAEL CONSTABLE TRIM CARPENTER LLC			
Principal Place of Business 2230 KENT STREET PALM BAY, FL 32907		Mailing Address 2230 KENT STREET PALM BAY, FL 32907	
2. Principal Place of Business <i>HOME</i>		3. Mailing Address <i>2230 KENT ST</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>PALM BAY FLA</i>		City & State <i>PALM BAY FL</i>	
Zip <i>32907</i>		Zip <i>32907</i>	
Country <i>BEHAVIOR</i>		Country <i>BEHAVIOR</i>	
4. FEI Number 20-0390288		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CONSTABLE, MICHAEL 2230 KENT STREET PALM BAY, FL 32907		7. Name and Address of New Registered Agent Name <i>MICHAEL CONSTABLE</i> Street Address (P.O. Box Number is Not Acceptable) <i>2230 KENT ST</i> City <i>PALM BAY FL</i> FL Zip Code <i>32907</i>	
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 <i>Michael Constable</i> DATE <i>8-21-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR CONSTABLE, MICHAEL 2230 KENT STREET PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 300079214293 08/29/06--01018--017 **205.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR- MICHAEL CONSTABLE 2230 KENT ST PALM BAY FLA. 32907	<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
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
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: <i>Michael Constable</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <i>8-21-06</i> Daytime Phone #	

REINSTATEMENT 05-06