2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC -7 AM 8:12

DOCUMENT # L03000045111

1. Entity Name
DUWAYNE PETERS RESIDENTIAL CONTRACTOR, LLC

Principal Place of Business
423 SOUTHWEST GABRIELLA WAY
MADISON, FL 32340 US

Mailing Address
423 SOUTHWEST GABRIELLA WAY
MADISON, FL 32340 US

11092006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 20-0428258 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PETERS, DWAYNE
423 SOUTHWEST GABRIELLA WAY
MADISON, FL 32340

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 Duwayne Peters — Dec 5/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR ☐ Delete
NAME	PETERS, DWAYNE
STREET ADDRESS	423 SOUTHWEST GABRIELLA WAY
CITY-ST-ZIP	MADISON, FL 32340

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

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10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition
900082369619
12/07/06--01052--008 **155.00

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition

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REINSTATEMENT 2006

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition

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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: Duwayne Peters — Dec 5/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #