


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000047670		
1. Entity Name FREEFALL FLOORING LLC		

FILED

05 SEP 29 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 88 SAM SMITH CIRCLE CRAWFORDVILLE, FL 32327		Mailing Address 88 SAM SMITH CIRCLE CRAWFORDVILLE, FL 32327	
2. Principal Place of Business P.O. Box 49		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Same	
City & State Woodville		City & State FL	
Zip 32362	Country	Zip 32362	Country USA

09292005 REIN-LLC CR2E101 (6/04)

4. FEI Number 33-1027556	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEKLE, JOSEPH C 88 SAM SMITH CIRCLE <i>OK same</i> CRAWFORDVILLE, FL 32327		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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00 After January 1, 2006, 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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEKLE, JOSEPH 88 SAM SMITH CIRCLE CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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>Joseph C. Dekle</i>	Date 9-29-05	Daytime Phone #
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