

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000047670

**Entity Name:** FREEFALL FLOORING LLC

**FILED**  
**Mar 20, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

54 MOTHER NATURES PLACE  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 49  
WOODVILLE, FL 32362

**New Mailing Address:**

**FEI Number:** 33-1077556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEKLE, JOSEPH C  
54 MOTHER NATURES PL  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

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: JOSEPHCDEKLE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DEKLE, JOSEPH  
Address: PO BOX 49  
City-St-Zip: WOODVILLE, FL 32362

I hereby 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: JOSEPH DEKLE

OWNE

03/20/2013

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