

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000050396

**FILED**  
**Oct 21, 2004**  
**Secretary of State**

**Entity Name:** RUSSELL RENOVATIONS, LLC.

**Current Principal Place of Business:**

815 DOUGHBERRY ST.  
NEW SYMRNA BEACH, FL 32168

**New Principal Place of Business:**

815 DOUGHERTY ST.  
NEW SYMRNA BEACH, FL 32168

**Current Mailing Address:**

815 DOUGHBERRY ST.  
NEW SYMRNA BEACH, FL 32168

**New Mailing Address:**

815 DOUGHERTY ST.  
NEW SYMRNA BEACH, FL 32168

**FEI Number:** 92-0186414      **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:**

GAMBERT, WILLIAM N  
629 N. PENINSULA AV.  
DAYTONA BEACH, FL 32118      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: RUSSELL, GEORGE JR.  
Address: 815 DOUGHBERRY ST.  
City-St-Zip: NEW SYMRNA BEACH, FL 32168

**ADDITIONS/CHANGES:**

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

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: GEORGE RUSSELL JR.

MGR

10/21/2004

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