

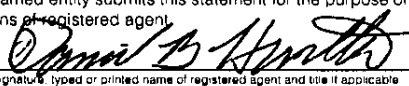

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

11 JUN 22 AM 9:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

KS

DOCUMENT # L03000051988 1. Entity Name RS CABINETS & CUSTOM WOODWORK, LLC					
Principal Place of Business 8454 SPRINGHILL RD TALLAHASSEE, FL 32305			Mailing Address 8454 SPRINGHILL RD TALLAHASSEE, FL 32305		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0613974	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOME, ANN 8454 SPRINGHILL RD TALLAHASSEE, FL 32305				7. Name and Address of New Registered Agent Name DANIEL B HUNTLEY Street Address (P.O. Box Number is Not Acceptable) 7751 COX RD TALLAHASSEE City FL Zip Code 32305	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROOME, RAYMOND 8454 SPRINGHILL RD TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUNTLEY, DAN 7751 COX RD TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROOME, ANN 8454 SPRINGHILL RD TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROOME, ANN 8454 SPRINGHILL RD TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROOME, ANN 8454 SPRINGHILL RD TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					