

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000055340

**FILED**  
**Sep 17, 2007**  
**Secretary of State**

**Entity Name:** LEARY FLOOR COVERING INSTALLATION, LLC

**Current Principal Place of Business:**

219 SW CHURCHILL WAY  
LAKE CITY, FL 32025 US

**New Principal Place of Business:**

**Current Mailing Address:**

219 SW CHURCHILL WAY  
LAKE CITY, FL 32025 US

**New Mailing Address:**

FEI Number: 20-0523573      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

LEARY, CHETT C  
219 SW CHURCHILL WAY  
LAKE CITY, FL 32025 US

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: CHETT C. LEARY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEARY, CHETT C  
Address: 219 SW CHURCHILL WAY  
City-St-Zip: LAKE CITY, FL 32025 US

Title: MGRM ( ) Delete  
Name: NIMS, JOHN  
Address: 13767 76TH STREET  
City-St-Zip: LIVE OAK, FL 32060

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHETT C. LEARY

MGRM

09/17/2007

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