



2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 15 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000055896 1. Entity Name RD GAS PIPING & FIREPLACE SERVICE, LLC					
Principal Place of Business 11001 ST. AUGUSTINE RD., #711 JACKSONVILLE, FL 32257			Mailing Address 11001 ST. AUGUSTINE RD., #711 JACKSONVILLE, FL 32257		
2. Principal Place of Business 3055 Lorman Dr. Suite, Apt. #, etc.		3. Mailing Address 3055 Lorman Dr. Suite, Apt. #, etc.			
City & State Jax., FL Zip 32223 Country USA		City & State Jax., FL Zip 32223 Country USA		4. FEI Number 200519131 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				10212004 REIN-LLC CR2E101 (6/04)	
6. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 N. LAURA ST., SUITE 2750 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Brant, Abraham, Reiter McCormick + Greene, P.A. Street Address (P.O. Box Number is Not Acceptable) 50 N. Laura Street, Suite 2750 City Jacksonville FL Zip Code 32202		
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 <u>John D. McCormick</u> DATE <u>12/13/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, 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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner, Managing Member Rodney Sullivan 3055 Lorman Drive Jacksonville, FL 32223 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000043681300 12/28/04--01056--002 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Rodney D Sullivan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>12.9.04</u> Daytime Phone #		