

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 22 AM 9:56

DOCUMENT # L03000056495 1. Entity Name GA CONSTRUCTION AND STUCCO LLC					
Principal Place of Business 5504 ELZIE RD BAKER, FL 32531			Mailing Address 5504 ELZIE RD BAKER, FL 32531		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 71-0898993	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RICHARDS, GINGER 5504 ELZIE RD BAKER, FL 32531			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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><i>Ginger Richards</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<u><i>Ginger Richards</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u><i>8-15-06</i></u> <small>DATE</small>
FILE NOW!!! FEE IS \$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	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDS, GINGER	NAME			
STREET ADDRESS	5504 ELZIE RD	STREET ADDRESS			
CITY-ST-ZIP	BAKER, FL 32531	CITY-ST-ZIP			
TITLE	MGRM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDS, ANDREW	NAME			
STREET ADDRESS	5504 ELZIE RD	STREET ADDRESS			
CITY-ST-ZIP	BAKER, FL 32531	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u><i>Ginger Richards</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u><i>8-15-06</i></u> <small>Date</small>		<u><i>850-637-2888</i></u> <small>Daytime Phone #</small>



08152006 REIN-LLC CR2E101 (11/05)

4. FEI Number
71-0898993

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 *Ginger Richards* *Ginger Richards* *8-15-06*
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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

10. ADDITIONS/CHANGES
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
10/12/05 60089 022 \$50.00
800079214328
*08/29/06--01018--018 **50.00*

REINSTATEMENT 05-06

Ginger Richards
5504 Elzie Rd
Baker FL 32531

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE:2006 Reinstatement

I am submitting this letter with my reinstatement for 2006. On August 15th of 2006. A telephone conference with Ms Gretchen Harvey of your office instructed me to Mail this renewal and to mention that my 2005 renewal did not post properly to the account.


Ginger Richards