2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 11 AM 8:42

DOCUMENT # L03000056670

1. Entity Name
TRACY PAPPAN'S TUB REPAIR, LLC

Principal Place of Business
316 CHALLENGER AVE.
DAVENPORT, FL 33897

Mailing Address
P.O. BOX 700264
ST. CLOUD, FL 34770

2. Principal Place of Business
154 Indian Trail
St. Cloud, FL
34769
Zip
County: Osceola

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

10062005 REIN-LLC CR2E101 (5/04)

4. FEI Number
20-0529973
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOUST, KATHLEEN M
17 S. ORLANDO AVENUE
KISSIMMEE, FL 34741

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 Tracy Pappan 10/7/05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PAPPAN, TRACY 316 CHALLENGER AVE. DAVENPORT, FL 33897 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000060496700 10/11/05--01056--001 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Pappan, Tracy 154 Indian Trail St Cloud, FL 34769 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Tracy Pappan 10/7/05 (407) 460 8693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #