

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000056926

1. Entity Name
CENTRAL FLORIDA FABRICARE SERVICES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 29 AM 10:55

Principal Place of Business
1304 8TH AVENUE WEST
PALMETTO, FL 34221 US

Mailing Address
1304 8TH AVENUE WEST
PALMETTO, FL 34221 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09082006 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-0565576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINING, C. GEOFFREY
129 SOUTH KENTUCKY AVENUE, SUITE 702
LAKELAND, FL 33801

Name DENISE CABANILLAS

Street Address (P.O. Box Number is Not Acceptable)

1101 9TH AVE W

City BRADENTON FL Zip Code 34205

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 Teena Jarrard

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 9/8/06

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 MGRM
NAME JARRARD, TEENA R ☐ Delete
STREET ADDRESS 3349 SAINT VINCENT TERRACE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6812 67TH ST CIRCLE
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
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: Teena Jarrard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE 9/8/06

DAYTIME PHONE # (941) 722-8880