

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000000467

**FILED**  
**Oct 08, 2006**  
**Secretary of State**

**Entity Name:** HAROLD SHELTON MASONRY, L.L.C.

**Current Principal Place of Business:**

1495 DREXEL AVE. N.E.  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

1495 DREXEL AVE. N.E.  
WINTER HAVEN, FL 33881

**New Mailing Address:**

**FEI Number:** 59-3099555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHELTON, HAROLD  
1495 DREXEL AVE. N.E.  
WINTER HAVEN, FL 33881 US

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

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: HAROLD SHELTON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHELTON, HAROLD  
Address: 1495 DREXEL AVE. N.E.  
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD SHELTON

MGRM

10/08/2006

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