

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000001656

**FILED**  
**Oct 10, 2005**  
**Secretary of State**

**Entity Name:** CUSTOM MASONARY "LLC"

**Current Principal Place of Business:**

4570 FLINT DRIVE  
NORTH PORT, FL 34286 US

**New Principal Place of Business:**

**Current Mailing Address:**

4570 FLINT DRIVE  
NORTH PORT, FL 34286 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

HATHON, JASON M  
4570 FLINT DRIVE  
NORTH PORT, FL 34286 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: JASON M HATHON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HATHON, JASON M  
Address: 4570 FLINT DRIVE  
City-St-Zip: NORTH PORT, FL 34286 US

**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 Section 119.07(3)(i), 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: JASON M HATHON

MR

10/10/2005

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