

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000001762

**FILED**  
**Mar 28, 2006**  
**Secretary of State**

**Entity Name:** DEWEY SIMMONS HOME REPAIR, LLC.

**Current Principal Place of Business:**

1588 MCCAUL RD.  
JACKSONVILLE, FL 32220 US

**New Principal Place of Business:**

854 FIELDS RD  
JACKSONVILLE, FL 32218 US

**Current Mailing Address:**

1588 MCCAUL RD.  
JACKSONVILLE, FL 32220 US

**New Mailing Address:**

854 FIELDS RD  
JACKSONVILLE, FL 32218 US

**FEI Number:** 25-7310904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

FOREMAN, RACHEL L  
1588 MCCAUL RD  
JACKSONVILLE, FL 32220 US

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

FOREMAN, RACHEL L  
854 FIELDS RD  
JACKSONVILLE, FL 32218 US

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: RACHEL FOREMAN

03/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SIMMONS, DEWEY W  
Address: 1588 MCCAUL RD  
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: OWNR (X) Change ( ) Addition  
Name: SIMMONS, DEWEY W  
Address: 854 FIELDS RD  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM ( ) Change (X) Addition  
Name: FOREMAN, RACHEL L  
Address: 854 FIELDS RD  
City-St-Zip: JACKSONVILLE, FL 32218

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: RACHEL FOREMAN

MGRM

03/28/2006

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