

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000002119

**FILED**  
**Nov 21, 2005**  
**Secretary of State**

**Entity Name:** PAUL TREASTER DRYWALL LLC

**Current Principal Place of Business:**

326 SPRINGWOOD CIRCLE  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

178 KIT DR  
CRESTVIEW, FL 32536

**Current Mailing Address:**

326 SPRINGWOOD CIRCLE  
CRESTVIEW, FL 32536

**New Mailing Address:**

178 KIT DR  
CRESTVIEW, FL 32536

**FEI Number:** 55-0857450      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

TREASTER, PAUL DEREK  
326 SPRINGWOOD CIRCLE  
CRESTVIEW, FL 32536      US

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

TREASTER, PAUL DEREK  
178 KIT DR  
CRESTVIEW, FL 32536      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: PAUL DERECK TREASTER

11/21/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: TREASTER, PAUL D  
Address: 178 KIT DR  
City-St-Zip: CRESTVIEW, FL 32536

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: PAUL DERECK TREASTER

MGRM

11/21/2005

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