

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000004508

1. Entity Name  
D & P FLOORING, L.L.C.



FILED

06 FEB 15 PM 1:54

Principal Place of Business  
274 PASO FINO  
MONTICELLO, FL 32344

Mailing Address  
274 PASO FINO  
MONTICELLO, FL 32344

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
2520 E. 21<sup>st</sup> Plaza  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 1113  
Suite, Apt. #, etc.



02132006 REIN-LLC CR2E101 (11/05)

City & State  
Seagrave, FL  
Zip 32444 Country US

City & State  
Lynnhaven, FL  
Zip 32444 Country US

4. FEI Number  
20-0611214  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARD A. GLOVER, CPA., PA  
1809 MICCOSUKEE COMMONS DR #108  
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
600066209466  
02/20/06--01059--019 \*\*100.00  
City FL Zip Code

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 Richard A. Glover, CPA, PA DATE 2/15/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE MGRM  
NAME GREEN DARNEL, S ☐ Delete  
STREET ADDRESS 274 PASO FINO  
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE MGRM  
NAME HENDERSON, PATRICIA A ☐ Delete  
STREET ADDRESS 274 PASO FINO  
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition  
NAME GREEN, LYNN  
STREET ADDRESS 2520 E. 21<sup>st</sup> Plaza  
CITY-ST-ZIP Seagrave, FL 32444

TITLE MGRM ☒ Change ☐ Addition  
NAME GREEN, DARNEL, S  
STREET ADDRESS 2520 E. 21<sup>st</sup> Plaza  
CITY-ST-ZIP Seagrave, FL 32444

TITLE MGRM ☒ Change ☐ Addition  
NAME HENDERSON, PATRICIA, A  
STREET ADDRESS 2520 E. 21<sup>st</sup> Plaza  
CITY-ST-ZIP Seagrave, FL 32444

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

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

TITLE ☐ Change ☐ Addition  
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: David H. [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

REINSTATEMENT 2005-2006  
2/15/06