

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 31 AM 9:34

DOCUMENT # L04000012376

1. Entity Name  
CA HUTCHINSON DRYWALL, LLC



Principal Place of Business

8035 ABC ROAD  
BARTOW, FL 33830 US

Mailing Address

8035 ABC ROAD  
BARTOW, FL 33830 US

2. Principal Place of Business

316 Jackson St  
Suite, Apt. #, etc.

3. Mailing Address

316 Jackson St  
Suite, Apt. #, etc.

10192005 REIN-LLC CR2E101 (6/04)



City & State

Lake Wales, FL  
Zip 33859 Country USA

City & State

Lake Wales, FL  
Zip 33859 Country USA

4. FEI Number

20-0131263

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUTCHINSON, CHARLES  
8035 ABC ROAD  
BARTOW, FL 33830

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
After January 1, 2006, Fee will be \$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 MGR  
NAME HUTCHINSON, CHARLES  
STREET ADDRESS 8035 ABC ROAD  
CITY-ST-ZIP BARTOW, FL 33830

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR  
NAME Hutchins Charles  
STREET ADDRESS 316 Jackson St  
CITY-ST-ZIP Lake Wales, FL 33859

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/20/05 863-528-3167

Date Daytime Phone #

REINSTATEMENT