


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000012462</b> 1. Entity Name <b>RANDOLPH WOODFAULK CONSTRUCTION LLC</b>						<b>FILED</b> <b>06 SEP 28 PM 1:07</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>201 S WARNER AVE PERRY, FL 32347</b>				Mailing Address <b>201 S WARNER AVE PERRY, FL 32347</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>WOODFAULK, RANDOLPH 201 S WARNER AVE PERRY, FL 32347</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
<b>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.</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.				Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODFAULK, RANDOLPH 201 S WARNER AVE PERRY, FL 32347			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800080313148 09/29/06--01069--003 ***55.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, MIK 201 S WARNER AVE PERRY, FL 32347			TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 06		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWARD, BRIAN 201 S WARNER AVE PERRY, FL 32347			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, TERRY 201 S WARNER AVE PERRY, FL 32347			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL		
<b>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.</b>							
<b>SIGNATURE:</b> <u>Randolph Woodfaulk</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							
Date _____ Daytime Phone # _____							