

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 18 AM 10:32

DOCUMENT # L04000015674 1. Entity Name CALLOWAY FLOORING INSTALLATION LLC																																	
Principal Place of Business 11620 EAST RIDE DR. JACKSONVILLE, FL 32223		Mailing Address 11620 EAST RIDE DR. JACKSONVILLE, FL 32223																															
2. Principal Place of Business 845 west Cumberland ct Suite, Apt. #, etc.		3. Mailing Address 845 west Cumberland ct. Suite, Apt. #, etc.																															
City & State Jacksonville Florida Zip Country 32259		City & State Jacksonville Florida Zip Country 32259																															
4. FEI Number 593262640		Applied For <input type="checkbox"/> Not Applicable																															
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required																															
6. Name and Address of Current Registered Agent CALLOWAY, JIMMY 11620 EAST RIDE DR. JACKSONVILLE, FL 32223		7. Name and Address of New Registered Agent Name Jimmy Calloway Street Address (P.O. Box Number is Not Acceptable) 845 west Cumberland ct. City Jacksonville FL Zip Code 32259																															
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 <i>Sheila T. Gordon</i> SHEILA T. GORDON MY COMMISSION # DD 353203 EXPIRES: September 8, 2008 DATE 7/7/07																																	
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State																															
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CALLOWAY, JIMMY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11620 EAST RIDE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32223</td> <td></td> </tr> </table>		TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME	CALLOWAY, JIMMY		STREET ADDRESS	11620 EAST RIDE DR.		CITY-ST-ZIP	JACKSONVILLE, FL 32223		10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Jimmy Calloway</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>845 west Cumberland ct</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jacksonville Florida 32259</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"> 100077780521 07/20/06--01049--012 **205.00 </td> </tr> <tr> <td colspan="3" style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Jimmy Calloway		STREET ADDRESS	845 west Cumberland ct		CITY-ST-ZIP	Jacksonville Florida 32259		100077780521 07/20/06--01049--012 **205.00			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <i>Jimmy Calloway</i> Jimmy Calloway <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 7/6/06 Daytime Phone # 904-705-7036																															

FILED# C400-427-70417-0