

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 25 AM 10: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04162007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L04000020683	
1. Entity Name ROPER'S DRYWALL, LLC	



Principal Place of Business P.O. BOX 859 FREEPORT, FL 32439	Mailing Address P.O. BOX 859 FREEPORT, FL 32439
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2. Principal Place of Business - Not P.O. Box # 109 Hamlet Dr.	3. Mailing Address 109 Hamlet Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Mossyhead, FL	City & State Mossyhead, FL
Zip 32433	Zip 32433
Country U.S.	Country U.S.

6. Name and Address of Current Registered Agent ROPER, THOMAS 238 E RENOIR RD DEFUNIAK SPRINGS, FL 32433	
7. Name and Address of New Registered Agent Name: Roper, Thomas Street Address (P.O. Box Number is Not Acceptable): 109 Hamlet Dr. City: Mossyhead FL Zip: 32433	

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: Thomas Earl Roper Thomas Roper 4-16-07

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$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 Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROPER, THOMAS 238 E RENOIR RD DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Roper, Thomas 109 Hamlet Dr. Mossyhead, FL 32433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100101796941 05/08/07--01017--001 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 06-07 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas Earl Roper Thomas Roper 4-16-07 850-428-1789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #