2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# L04000021581

Entity Name: BRACEWELL PLASTERING & STUCCO LLC

Current Principal Place of Business:

139 WILDLIFE TRAIL
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

P O BOX 93141
LAKELAND, FL 338043141

New Mailing Address:

FEI Number: 20-0885550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRACEWELL-JOHNSON, SUSAN
3018 CRYSTAL HILLS DRIVE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: SUSAN BRACEWELL-JOHNSON

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	BRACEWELL, CHARLES E	
Address:	139 WILDLIFE TRAIL	
City-St-Zip:	LAKELAND, FL 33809	
Title:	MGRM	( ) Delete
Name:	BRACEWELL, CHRISTOPHER J	
Address:	139 WILDLIFE TRAIL	
City-St-Zip:	LAKELAND, FL 33809	
Title:	MGRM	( ) Delete
Name:	BRACEWELL, RICHARD K	
Address:	139 WILDLIFE TRAIL	
City-St-Zip:	LAKELAND, FL 33809	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES E. BRACEWELL MGMR 10/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date