

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000026399

Entity Name: MILLENIUUM FLOORZ LLC

FILED
Nov 01, 2005
Secretary of State

Current Principal Place of Business:

217 AJAX DRIVE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

1318 LEWIS TURNER BLVD. LOT#5
FORT WALTON BEACH, FL 32547

Current Mailing Address:

217 AJAX DRIVE
FORT WALTON BEACH, FL 32548

New Mailing Address:

1318 LEWIS TURNER BLVD. LOT#5
FORT WALTON BEACH, FL 32547

FEI Number: 20-0975046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LUTZ, BRYAN
217 AJAX DRIVE
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

LUTZ, BRYAN
1318 LEWIS TURNER BLVD. LOT #5
FORT WALTON BEACH, FL 32547 US

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: BRYAN LUTZ

11/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUTZ, BRYAN
Address: 217 AJAX DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUTZ, BRYAN
Address: 1318 LEWIS TURNER BLVD. LOT #5
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRYAN LUTZ

MGRM

11/01/2005

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