

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000029058

**FILED**  
**Jan 16, 2008**  
**Secretary of State**

**Entity Name:** TOMKA HOME IMPROVEMENT AND REPAIRS, LLC

**Current Principal Place of Business:**

1811 PINYON PINE DRIVE  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

1811 PINYON PINE DRIVE  
SARASOTA, FL 34240

**New Mailing Address:**

**FEI Number:** 20-1000607      **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:**

**Name and Address of New Registered Agent:**

FRANKOWSKI, TOMASZ  
1811 PINYON PINE DRIVE  
SARASOTA, FL 34240    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:** TOMASZ FRANKOWSKI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** FRANKOWSKI, TOMASZ  
**Address:** 1811 PINYON PINE DRIVE  
**City-St-Zip:** SARASOTA, FL 34240

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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:** TOMASZ FRANKOWSKI

MGR

01/16/2008

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