2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# L04000033093

Entity Name: HUTCHINS FLOORING INSTALLATION & REPAIR LLC

Current Principal Place of Business:

1123 WALT WILLIAMS
LOT 81
LAKELAND, FL 33809 US

New Principal Place of Business:

6305 CHRISTIN GROVES CIRCLE EAST
LAKELAND, FL 33813 US

Current Mailing Address:

1123 WALT WILLIAMS
LOT 81
LAKELAND, FL 33809 US

New Mailing Address:

6305 CHRISTIN GROVES CIRCLE EAST
LAKELAND, FL 33813 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

HUTCHINS, JUSTIN
1123 WALT WILLIAMS
LOT 81
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

JUSTIN HUTCHINS
6305 CHRISTIN GROVES CIRCLE EAST
LAKELAND, FL 33813 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: JUSTIN HUTCHINS 10/06/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HUTCHINS, JUSTIN
Address: 1123 WALT WILLIAMS LOT 81
City-St-Zip: LAKELAND, FL 33809 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HUTCHINS, JUSTIN R
Address: 6305 CHRISTIN GROVES CIRCLE EAST
City-St-Zip: LAKELAND, FL 33813 US

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: JUSTIN HUTCHINS MGRM 10/06/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date