

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000033162

Entity Name: OCEAS FRAMING LLC

**FILED**  
**Sep 20, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

874-A XAVIOR AVENUE  
ORLANDO, FL 32807 US

**New Principal Place of Business:**

5185 DOCKSIDE DRIVE  
ORLANDO, FL 32822 US

**Current Mailing Address:**

874-A XAVIOR AVENUE  
ORLANDO, FL 32807 US

**New Mailing Address:**

5185 DOCKSIDE DR  
ORLANDO, FL 32822 US

FEI Number: 55-0865639      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:**

RODRIGUEZ, OCEAS S  
1396 CANDLEWICK DRIVE  
ORLANDO, FL 32807 US

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

RODRIGUEZ, OCEAS S  
5185 DOCKSIDE DR  
ORLANDO, FL 32822 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: OCEAS S RODRIGUEZ

09/20/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RODRIGUEZ, OCEAS S  
Address: 1396 CANDLEWICK DRIVE  
City-St-Zip: ORLANDO, FL 32807 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RODRIGUEZ, OCEAS S  
Address: 5185 DOCKSIDE DRIVE  
City-St-Zip: ORLANDO, FL 32822 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: OCEAS RODRIGUEZ

MGR

09/20/2005

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