2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2008
Secretary of State

DOCUMENT# L04000037131

Entity Name: FEARS FLOORING & TILE, LLC

Current Principal Place of Business:

1134 FEARS RD
COTTONDALE, FL 32431

New Principal Place of Business:

Current Mailing Address:

1134 FEARS RD
COTTONDALE, FL 32431

New Mailing Address:

FEI Number: 30-0249463 **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:

FEARS, JOHN M JR
1134 FEARS RD
COTTONDALE, FL 32431 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: JOHN M. FEARS, JR.

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	PRES	( ) Delete
Name:	FEARS, JOHN M JR	
Address:	1134 FEARS RD	
City-St-Zip:	COTTONDALE, FL 32431 US	
Title:	MGRM	( ) Delete
Name:	FEARS, JOLEEN N	
Address:	1134 FEARS RD	
City-St-Zip:	COTTONDALE, FL 32431 US	
Title:	MGRM	( ) Delete
Name:	MITCHELL, JUSTIN B	
Address:	1134 FEARS RD	
City-St-Zip:	COTTONDALE, FL 32431 US	
Title:	MGRM	(X) Delete
Name:	GAY, ETHAN I	
Address:	1134 FEARS RD	
City-St-Zip:	COTTONDALE, FL 32431	

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:	
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: JOHN M. FEARS, JR. PRES 10/06/2008

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