

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000048357

**FILED**  
**Oct 10, 2005**  
**Secretary of State**

**Entity Name:** POLK'S HARDWOOD FLOORING LLC

**Current Principal Place of Business:**

319 LAKEFRONT COURT  
EUISTIS, FL 32726

**New Principal Place of Business:**

86 LAKESIDE AVE  
UMATILLA, FL 32784

**Current Mailing Address:**

319 LAKEFRONT COURT  
EUISTIS, FL 32726

**New Mailing Address:**

86 LAKESIDE AVE  
UMATILLA, FL 32784

**FEI Number:** 20-1296932      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

BOARDMAN SMITH & ASSOCIATES  
1017 E SOUTH STREET  
C  
ORLANDO, FL 32801 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: ANN SMITH

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: POLK, CHARLES H  
Address: 319 LAKEFRONT CT  
City-St-Zip: EUSITS, FL 32726

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: POLK, CHARLES H  
Address: 86 LAKESIDE AVE  
City-St-Zip: UMATILLA, FL 32784

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: CHARLES H POLK

MGR

10/10/2005

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