2005 LIMITED LIABILITY COMPANY

			AIEMENI								
DOCU	MENT	# L04000048	804			2					
1. Entity Name SHIVER'S MASONRY SPECIALISTS, LLC											
Principal Place of Business Mailing Address						-					
461 SW MONROE AVE. MAYO, FL 32066			461 SW MONROE AVE. MAYO, FL 32066								
		•				70(					
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10102005	REIN-LLC	CR2E	E101 (6/04)		
City & State			City & State			4. FEI Numb	er		<u> </u>	pplied For ot Applicable	
Zìp	p Country		Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require		
	6. Name	and Address of Current	Registered Agent		NI	7. Name and	Address of New	Registered	Agent		
∍SHIVER.J	SHIVER TODD A					Name					
461 SW M MAYO, FL	IONROE A				Street Address (P.O. Box Number is Not Acceptable)			ole)			
				City		* ······			Zip Cod	Α	
					,			FL	<b>-</b>   ` `		
	tions of regis		or the purpose of changing its	s register	ed office or reg	jistered agent, or bo	oth, in the State of F	·lorida. I am	tamiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	TE: Register	ed Agent signature	required when reinstating	)	DATE		······	
		FEE IS \$50.00 6, Fee will be \$100.00	In accordance with liability company di					A	payable to nent of Stat		
9.	T	MANAGING MEMBE	RS/MANAGERS	10.	T		ADDITIONS	S/CHANGE	S		
TITLE NAME				TITLI	r I	IGRM			☐ Change	Addition	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·				A	Adrian Canjay 12581720 Trail Live not fl 32060			•		
CITY-ST-ZIP	112110,12 02000			CITY			Trail Live	DAK -	<u>fl 320</u>	60	
TITLE NAME				TITLI		GRM			Change	X Addition	
STREET ADDRESS	·				ET ADDRESS (2)	o Box 34	read				
CITY-ST-ZIP MAYO, FL 32066				CITY		AYD FI					
TITLE			☐ Delete	TITL	.	•			Change	Addition	
NAME STREET ADDRESS				NAM	E ADORESS	107	<u> 14/05010</u> 14/05010	)63 <u>2</u>	26 <b>5</b> 2	00	
CITY-ST-ZIP					-ST-21P	107	147.00010	יטטרדטטי	4 **58	.ՍՍ	
TITLE			Delete - →	IIILI		NEW TRACE	A SECTION	ومثراتها أبرا ويتر	Change _	Addition	
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CITY-ST-ZIP					-ST-ZiP						
TITLE			☐ Delete	TITL					☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM							
CITY-ST-ZIP	1				ET ADDRESS -ST-ZIP						
TITLE			☐ Delete	TITL					☐ Change	☐ Addition	
NAME	I •				E ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	}				ET ADDRESS -ST-ZIP						
11. I hereby indicated	l on this repo	rt is true and accurate and	n this filing does not qualify for that my signature shall have e empowered to execute this	or the exe	mption stated e legal effect a	s if made under oat	h; that I am a mana	. I further ce aging memb	ertify that the in per or manage	nformation er of the	
minieu #a	Lonity Compa	n, or mo receiver or muste	o ompowered to execute this	i i opolitat	required by C	mapter ode, ritirida	oratutas.				
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