

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000051046

**FILED**  
**Oct 01, 2008**  
**Secretary of State**

**Entity Name:** QUALITY CARPENTRY SERVICE, LLC

**Current Principal Place of Business:**

17625 NW 175TH AVE  
ALACHUA, FL 32615

**New Principal Place of Business:**

1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 304A  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

PO BOX 142518  
GAINESVILLE, FL 32614

**New Mailing Address:**

**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:**

SILBAUGH, JOANNA  
17625 NW 175TH AVE  
ALACHUA, FL 32615 US

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

SILBAUGH, JOANNA  
1301 PLANTATION ISLAND DRIVE SOUTH  
SUITE 304A  
SAINT AUGUSTINE, FL 32080 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: JOANNA L. SILBAUGH

10/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BORAH, DAVID  
Address: PO BOX 142518  
City-St-Zip: GAINESVILLE, FL 32614

**ADDITIONS/CHANGES:**

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: DAVID L BORAH

OWNE

10/01/2008

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