

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000051080

FILED  
Jun 23, 2006  
Secretary of State

Entity Name: EMORY M. GARLAND PLUMBING CO., LLC

## Current Principal Place of Business:

18426 LIVINGSTON AVE., SUITE A  
LUTZ, FL 33559

## New Principal Place of Business:

17410 US HIGHWAY 41 N  
A  
LUTZ, FL 33548

## Current Mailing Address:

18426 LIVINGSTON AVE., SUITE A  
LUTZ, FL 33559

## New Mailing Address:

P.O. BOX 2705  
LUTZ, FL 33548

FEI Number: 83-0402657      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:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: EMORY M GARLAND

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GARLAND, EMORY M  
Address: 18426 LIVINGSTON AVE., SUITE A  
City-St-Zip: LUTZ, FL 33559

Title: MGRM ( ) Delete  
Name: GARLAND, GLADA H  
Address: P.O. BOX 2705  
City-St-Zip: LUTZ, FL 33548

Title: MGRM ( ) Delete  
Name: GARLAND, THOMAS  
Address: 9632 LAKE PINE PLACE  
City-St-Zip: TAMPA, FL 33635

Title: MGRM ( ) Delete  
Name: GARLAND, WILLIAM  
Address: 9632 LAKE PINE PLACE  
City-St-Zip: TAMPA, FL 33635

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GARLAND, EMORY M  
Address: P.O. BOX 2705  
City-St-Zip: LUTZ, FL 33548

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 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: EMORY M. GARLAND

MR

06/23/2006

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