

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000059650

Entity Name: TY'S REMODELING LLC

**FILED**  
**Apr 14, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1859 DREADEN CIRCLE  
BAKER, FL 32531

**New Principal Place of Business:**

4243 NAP NOB RD  
HOLT, FL 32564

**Current Mailing Address:**

1859 DREADEN CIRCLE  
BAKER, FL 32531

**New Mailing Address:**

4243 NAP NOB RD  
HOLT, FL 32564

FEI Number: 20-1476443      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:**

HERNDON, TYRON  
1859 DREADEN CIRCLE  
BAKER, FL 32531      US

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

HERNDON, TYRON  
4243 NAP NOB RD  
HOLT, FL 32564      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: TYRON HERNDON

04/14/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HERNDON, TYRON  
Address: 1859 DREADEN CIRCLE  
City-St-Zip: BAKER, FL 32531

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: HERNDON, TYRON  
Address: 4243 NAP NOB RD  
City-St-Zip: HOLT, FL 32564

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: TYRON HERNDON

MGRM

04/14/2006

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