

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000063051

1. Entity Name
STEVE MCCARTY MAINTENANCE LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 25 AM 10:45

Principal Place of Business
3420 WRECKER HIGHWAY
B 18
WINTER HAVEN, FL 33880

Mailing Address
738 AVENUE D SW
WINTER HAVEN, FL 33880 US

2. Principal Place of Business
3420 RECKER HIGHWAY
Suite, Apt. #, etc.
#18

3. Mailing Address
738 AV D SW
Suite, Apt. #, etc.
#18



10082005 REIN-LLC CR2E101 (6/04)

City & State
WINTER HAVEN FL
Zip
33880
Country
POLK

City & State
WINTER HAVEN FL
Zip
33880
Country
POLK

4. FEI Number
Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MCCARTY, STEPHEN L
738 AVENUE D SW
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Stephen L. McCarty 10/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTY, STEPHEN L		NAME	800060900648	
STREET ADDRESS	738 AVENUE D SW		STREET ADDRESS	10/25/05--01005--002	**\$5.00
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	REINSTATEMENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	2005	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.

SIGNATURE: Stephen L. McCarty 10/21/05 863-289-5283
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #