# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**May 07, 2006**
**Secretary of State**

DOCUMENT# L04000064088

**Entity Name:** ARISTOCRAT CARPENTRY, LLC

**Current Principal Place of Business:**

907 PONCE DE LEON BOULEVARD
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

907 SOUTH PONCE DE LEON BOULEVARD
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

907 PONCE DE LEON BOULEVARD
ST AUGUSTINE, FL 32084

**New Mailing Address:**

907 SOUTH PONCE DE LEON BOULEVARD
ST AUGUSTINE, FL 32084

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

FAUST, THOMAS E
907 PONCE DE LEON BOULEVARD
ST AUGUSTINE, FL 32084 US

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

FAUST, THOMAS E
907 SOUTH PONCE DE LEON BOULEVARD
ST AUGUSTINE, FL 32084 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: THOMAS E. FAUST 05/07/2006
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: FAUST, THOMAS E
Address: 907 PONCE DE LEON BOULEVARD
City-St-Zip: ST AUGUSTINE, FL 32084

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: FAUST, THOMAS E
Address: 907 SOUTH PONCE DE LEON BOULEVARD
City-St-Zip: ST AUGUSTINE, FL 32084

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: THOMAS E. FAUST MGR 05/07/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date