

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000073291

**FILED**  
**Oct 10, 2006**  
**Secretary of State**

**Entity Name:** CHRIS BAUM DRYWALL, LLC

**Current Principal Place of Business:**

1615 CHADWICK LN.  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

219 COOK AVE  
NICEVILLE, FL 32578 US

**Current Mailing Address:**

1615 CHADWICK LN.  
NICEVILLE, FL 32578 US

**New Mailing Address:**

219 COOK AVE.  
NICEVILLE, FL 32578 US

**FEI Number:** 16-1708149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAUM, CHRIS A  
1615 CHADWICK LN.  
NICEVILLE, FL 32578 US

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

BAUM, CHRIS A  
219 COOK AVE.  
NICEVILLE, FL 32578 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: CHRIS A. BAUM

10/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BAUM, CHRIS A  
Address: 1615 CHADWICK LN.  
City-St-Zip: NICEVILLE, FL 32578 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BAUM, CHRIS A  
Address: 219 COOK AVE.  
City-St-Zip: NICEVILLE, FL 32578 US

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: CHRIS A. BAUM

MGR

10/10/2006

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