

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000078050

FILED
Jul 17, 2006
Secretary of State

Entity Name: SOUTHERN FRAMING, LLC

Current Principal Place of Business:

183 JIM ROBERTS RD.
BRUCE, FL 32455 US

New Principal Place of Business:

Current Mailing Address:

183 JIM ROBERTS RD.
BRUCE, FL 32455 US

New Mailing Address:

FEI Number: 43-2063928 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:

PAYNE, JOHN S
183 JIM ROBERTS RD.
BRUCE, FL 32455 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: JOHN S PAYNE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PAYNE, JOHN S
Address: 183 JIM ROBERTS RD.
City-St-Zip: BRUCE, FL 32455 US

Title: MGR () Delete
Name: JACKSON, JACK
Address: 1426 CYPRESS ST.
City-St-Zip: NICEVILLE, FL 32578

Title: MGR () Delete
Name: FARRIS, TIMOTHY L
Address: 5507 CAPTAIN FRITZ ROAD HWY 20
City-St-Zip: EBRO, FL 32437

ADDITIONS/CHANGES:

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: JOHN S PAYNE

MGR

07/17/2006

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