

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10:13

DOCUMENT # L04000082131					
1. Entity Name FOLLMAR LLC					
Principal Place of Business 382 S. RIDGEWOOD AVENUE ORMOND BEACH, FL 32174			Mailing Address 382 S. RIDGEWOOD AVENUE ORMOND BEACH, FL 32174		
2. Principal Place of Business 382 S. Ridgewood Ave		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ormond Beach, FL		City & State			
Zip 32174		Country Volusia			
6. Name and Address of Current Registered Agent FOLLMAR, JOHN JR 382 S. RIDGEWOOD AVENUE ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name: John Follmar Street Address (P.O. Box Number is Not Acceptable): 382 S Ridgewood Ave City: Ormond Bch FL Zip Code: 32174	
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: DATE: 6-12-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOLLMAR, JOHN JR 382 S. RIDGEWOOD AVENUE ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOLLMAR, TANYA 382 S. RIDGEWOOD AVENUE ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.					
SIGNATURE:				Date: 6-12-2006 Daytime Phone #: 386-589-7624	