2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000082560



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

AR ACT TO

1. Entity Name GEORGE R. HUGHES CARPENTRY, LLC						טו ואט פר	AM IO:	06	
Principal Place of Business 17901 PEPPERTREE LANE LUTZ, FL 33548		Mailing Address 17901 PEPPERTREE LANE LUTZ, FL 33548			; #### #### ##### #####	BINI AFIKI IKINO II		1111	
2. Principal Place of Business		3. Mailing Address							
Suite, Api. #, etc.		Suite, Apt. #, etc.			10052005	REIN-LLC	CR2E	101 (6/04)	
City & State		City & State			4. FEI Numb		3017	Z No	plied For t Applicable
Zip	Country	Zip	Country			of Status Desired		\$5.00 Add Fee Required	
	Name and Address of Current I	Registered Agent	- Na	. <u>.</u>	7. Name and	Address of New	Registered	Agent	
HUGHES, 17901 PER LUTZ, FL	PPERTREE LANE				(P.O. Box Number is Not Acceptable)				
			Cit	у			FL	Zip Code	э
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered offi	ice or registere	ed agent, or bo	th, in the State of F	lorida. Lam	familiar with,	and accept
SIGNATURE	Signature, typed or primed rune of registered agent	nd title if applicable. (NOTI	E: Registered Ager	nt signature require	ed when reinstating		DATE		
	LE NOW!!! FEE IS \$50.00 ary 1, 2006, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior not be seen as a second							
9.	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS	/CHANGES	5	
TITLE	P	Delete	TITLE					Change	Addition
NAME STREET ADORESS CITY-ST-ZIP	HUGHES, GEORGE 17901 PEPPERTREE LANE LUTZ, FL 33548		NAME STREET ADDI CITY-ST-ZIE	.	9(0,0050	454:	309	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	2012/12 00010	☐ Detete	TITLE NAME STREET ADDI CITY - ST - ZIF	1	<u> </u>	//U5==U1Ub	'5Uc'	一 Change	Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDI CHY-SI ZIE	!	einsi	TATEM	ENT	□ Change 200	Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delote	TITLE NAME STREET ADDI CITY-ST-ZIF					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP			-		☐ Change	☐ Addition
NAME : STREET ADDRESS CITY-ST-ZIP	1	□ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	· · ·	:			Change	Addition
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 608, Florida Statutes. SIGNATURE:									
SIGNAT	UHE: / JUNE 14	UKV		NOIZED REPRESE	NTATIVE	Date		Davline Phone #	