

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000083068

**FILED**  
**Sep 23, 2006**  
**Secretary of State**

**Entity Name:** GRIGGS WOODWORKS LLC

**Current Principal Place of Business:**

857 33RD COURT SW  
VERO BEACH, FL 32968 US

**New Principal Place of Business:**

6955 HARRISON ST  
SUITE 103  
SEBASTIAN, FL 32958 US

**Current Mailing Address:**

857 33RD COURT SW  
VERO BEACH, FL 32968 US

**New Mailing Address:**

6955 HARRISON ST  
SUITE 103  
SEBASTIAN, FL 32958 US

**FEI Number:** 20-1883734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNLAP, ROBERT A III  
857 33RD COURT SW  
VERO BEACH, FL 32968 US

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

DUNLAP, ROBERT A III  
6955 HARRISON ST  
SUITE 103  
SEBASTIAN, FL 32958 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: ROBERT A. DUNLAP III

09/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DUNLAP, ROBERT A III  
Address: 857 33RD COURT SW  
City-St-Zip: VERO BEACH, FL 32968 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DUNLAP, ROBERT A III  
Address: 6955 HARRISON ST. SUITE 103  
City-St-Zip: SEBASTIAN, FL 32958 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: ROBERT A. DUNLAP III

MG M

09/23/2006

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