

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000088098

Entity Name: PLUMBOB LLC

**FILED**  
**Oct 15, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

833 NW 98 AVE.  
PLANTATION, FL 33324

**New Principal Place of Business:**

554 NW 46 ST  
OAKLAND PK, FL 33309

**Current Mailing Address:**

PO BOX 17221  
PLANTATION, FL 33318

**New Mailing Address:**

554 NW 46 ST  
OAKLAND PK, FL 33309

FEI Number: 20-1873844      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:**

KIWIOR, THEODORE  
833 NW 98 AVE.  
PLANTATION, FL 33324      US

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

KIWIOR, THEODORE  
554 NW 46 ST  
OAKLAND PK, FL 33309      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: THEODORE KIWIOR

10/15/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: KIWIOR, THEODORE  
Address: 833 NW 98 AVE.  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: KIWIOR, THEODORE  
Address: 554 NW 46 ST  
City-St-Zip: OAKLAND PK, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THEODORE KIWIOR

MGRM

10/15/2005

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