Feb-06-2007 12:56pm From-DAVID WILLIAMS LAW FIRM PA 302-575-0025 T-740 P.001/001 F-591

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -8 AM 10:29

DOCUMENT # L05000005536

1. Entity Name
PERDIDO DRYWALL LLC

Principal Place of Business
5321 AVON RD
PENSACOLA, FL 32507

Mailing Address
5321 AVON RD
PENSACOLA, FL 32507

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10312006 REIN-LLC CR2F101 (11/05)

4. FEI Number 01-0827400 Applied for / Not Applicable

5. Certificate of Status Desired $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.
773 4TH AVENUE NORTH STE E
NAPLES, FL 34102

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 [signature]

FILING FEE IS $150.00
After January 1, 2007, Fee will be $200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MCKINNEY, CHAUNCEY 5321 AVON RD PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MCKINNEY, JENNIFER 5321 AVON RD PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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REINSTATEMENT 06-07

11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: [signature] CHAUNCEY T. MCKINNEY 1-29-07 850-698-7541

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / DATE / Daytime Phone #

100088225781
02/13/07--01035--016 **205.00