

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000010493

Entity Name: PARISH FRAMING, LLC

**FILED**  
**Aug 21, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

323 SE GREG PLACE  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

323 SE GREG PLACE  
LAKE CITY, FL 32025

**New Mailing Address:**

FEI Number: 20-2262938      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:**

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

PARISH, TREVOR  
323 SE GREG PLACE  
LAKE CITY, FL 32025      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: TREVOR PARISH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PARISH, TREVOR  
Address: 323 SE GREG PLACE  
City-St-Zip: LAKE CITY, FL 32025

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TREVOR PARISH

MGRM

08/21/2007

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