


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT -9 AM 10:01

DOCUMENT # L05000012660 1. Entity Name WILLIAMS DRYWALL, LLC					
Principal Place of Business 2209 JOAN AVE PANAMA CITY BEACH, FL 32408 US			Mailing Address 2209 JOAN AVE PANAMA CITY BEACH, FL 32408 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		10052006 REIN-LLC CR2E101 (11/05)	
City & State		City & State		4. FEI Number 25-1913289	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, JAMES E 2209 JOAN AVE PANAMA CITY BEACH, FL 32408				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 <i>James Williams</i> <i>Registered Agent</i> <i>10/05/06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)</small> DATE					
FILE NOW!!! 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 WILLIAMS, JAMES E 2209 JOAN AVE PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELMONTE, JAVIER G 2209 JOAN AVE PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, JAMES E JR. 2209 JOAN AVE. PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: <i>James Williams (MGRM)</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				10/05/06 850-387-6970 <small>Date Daytime Phone #</small>	



REINSTATEMENT 2006