


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV 28 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000015038					
1. Entity Name ALACHUA PLUMBING SERVICE, LLC					
Principal Place of Business 6704 W. STATE RD 235 LACROSSE, FL 32658			Mailing Address 6704 W. STATE RD 235 LACROSSE, FL 32658		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 997			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Alachua FL		4. FEI Number 20-3221067	
Zip	Country	Zip 32616	Country ALA.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, HAROLD T 6704 W. STATE RD 235 LACROSSE, FL 32658			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, HAROLD T P.O. BOX 997 ALACHUA, FL 326160997		TITLE NAME STREET ADDRESS CITY - ST - ZIP	300112513423 11/21/07--01051--003 **50.00	
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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: <u>Harold T. Davis</u>			11-10-07 386-462-3407		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		