

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000020195

1. Entity Name
TOOLE SIDING LLC



FILED

2007 AUG 20 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1255 LEE ROAD
BONIFAY, FL 32425

Mailing Address
1255 LEE ROAD
BONIFAY, FL 32425

2. Principal Place of Business - No P.O. Box #
2610 Bonifay - Gritney Rd
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Bonifay FL

City & State
Same

Zip
32425
Country
USA

Zip
Same
Country
Same

08132007 REIN-LLC CR2E101 (1/07)

4. FEI Number
26-0708961
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
TOOLE, JAMES R
1255 LEE ROAD
BONIFAY, FL 32425

7. Name and Address of New Registered Agent
Name
James R. Toole
Street Address (P.O. Box Number is Not Acceptable)
2610 Bonifay - Gritney Rd
City
Bonifay FL Zip Code
32425

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 James R. Toole 8-13-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOOLE, JAMES R 1255 LEE ROAD BONIFAY, FL 32425 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Toole, James R. 2610 Bonifay - Gritney Rd Bonifay FL 32425 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800108700553 08/28/07--01018--016 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 06-07 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 James R. Toole 8-13-07 850-547-5430
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #
850-258-6849