

2007 LIMITED LIABILITY COMPANY REINSTATEMENT



FILED

07 MAR 21 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L05000023028		1. Entity Name PROFESSIONAL CUSTOM HOME REPAIR L.L.C.	
Principal Place of Business 1514 MAJESTIC AVE. TALLAHASSEE, FL 32304		Mailing Address 1514 MAJESTIC AVE. TALLAHASSEE, FL 32304	
2. Principal Place of Business - No P.O. Box # 4335 Jackson View Dr Suite, Apt. #, etc.		3. Mailing Address 2014 S Gadsden St Suite, Apt. #, etc.	
City & State Tallahassee FL		City & State Tallahassee FL	
Zip 32303	Country Leon	Zip 32301	Country Leon
4. FFI Number 25-1912064		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GREGORY, JONATHAN 1514 MAJESTIC AVE. TALLAHASSEE, FL 32304		7. Name and Address of New Registered Agent Name Paul Standley Street Address (P.O. Box Number is Not Acceptable) 4335 Jackson View Dr City Tallahassee FL Zip Code 32303	
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 		DATE 3-21-07	
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.	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREGORY, JONATHAN 1514 MAJESTIC AVE. TALLAHASSEE, FL 32304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200095221682 03/29/07--01025--009 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANDLEY, PAUL 1514 MAJESTIC AVE. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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:		Paul Standley 3/24/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

REINSTATEMENT 06-07 RA

I Paul Standley did not receive
my annual report notice for 2006

Paul Standley

3/12/07