

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000023030

Entity Name: LUIS MARTINEZ FRAMING, LLC

FILED  
Oct 09, 2007  
Secretary of State

**Current Principal Place of Business:**

1923 OAKCREST LANE  
SOUTHPORT, FL 32409

**New Principal Place of Business:**

1923 OAKCREST LANE  
PANAMA CITY, FL 32409

**Current Mailing Address:**

1923 OAKCREST LANE  
SOUTHPORT, FL 32409

**New Mailing Address:**

1923 OAKCREST LANE  
PANAMA CITY, FL 32409

FEI Number: 72-1593410      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:**

MARTINEZ, LUIS  
1923 OAKCREST LANE  
SOUTHPORT, FL 32409      US

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

MARTINEZ, LUIS  
1923 OAKCREST LANE  
PANAMA CITY, FL 32409      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: LUIS MARTINEZ

10/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MARTINEZ, LUIS  
Address: 1923 OAKCREST LANE  
City-St-Zip: SOUTHPORT, FL 32409

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: MARTINEZ, LUIS  
Address: 1923 OAKCREST LANE  
City-St-Zip: PANAMA CITY, FL 32409

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: LUIS MARTINEZ

MGR

10/09/2007

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