2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 13, 2007
Secretary of State

DOCUMENT# L05000048971

Entity Name: ADVANCED RAIN GUTTERS, LLC

Current Principal Place of Business:

519 MEMORIAL PARK RD
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

519 MEMORIAL PARK RD
JACKSONVILLE, FL 32220

New Mailing Address:

FEI Number: 20-2873703 **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:

HORNE, DAVID A
519 MEMORIAL PARK RD
JACKSONVILLE, FL 32220 US

Name and Address of New Registered Agent:

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: HORNE, DAVID

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HORNE, DAVID A
Address: 519 MEMORIAL PARK RD.
City-St-Zip: JACKSONVILLE, FL 32220

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: WELLS, ROBERT A
Address: 519 MEMORIAL PARK RD
City-St-Zip: JACKSONVILLE, FL 32220

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: DAVID A HORNE MGRM 11/13/2007

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