


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000062785		
1. Entity Name ARGRAHAM, LLC		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 NOV -6 PM 3:43

Principal Place of Business 1108 ROCKY BAYOU ROAD NICEVILLE, FL 32578	Mailing Address 1108 ROCKY BAYOU ROAD NICEVILLE, FL 32578
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10282007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent  WATSON, TODD ATTY 7785 BAYMEADOWS WAY, SUITE 107 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name Susan A. Arguelles Street Address (P.O. Box Number is Not Acceptable) 1108 Rocky Bayou Road City Niceville FL Zip Code 32578	
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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 Susan A. Arguelles Susan A. Arguelles 10/30/07  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$200.00**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARGUELLES, PAUL M 1108 ROCKY BAYOU ROAD NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARGUELLES, SUSAN A 1108 ROCKY BAYOU ROAD NICEVILLE, FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Susan A. Arguelles Susan A. Arguelles (850) 678-8780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #