

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000073951

FILED
Aug 07, 2007
Secretary of State

Entity Name: DOOR DOCTOR OF FLORIDA, LLC

Current Principal Place of Business:

806 PALERMO CT
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

806 PALERMO CT
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 20-3244245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

QUILES, STEVEN
806 PALERMO CT
KISSIMMEE, FL 34758 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: STEVEN QUILES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: QUILES, STEVEN
Address: 806 PALERMO CT
City-St-Zip: KISSIMMEE, FL 34758

Title: MGRM (X) Delete
Name: QUILES, FRANCISCO
Address: 442 FLAMINGO CT
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES:

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

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

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: STEVEN QUILES

MGR

08/07/2007

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