

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000078006

1. Entity Name  
FLYNN'S HOME IMPROVEMENT LLC



Principal Place of Business  
1340 ADAMS STREET  
HOLLYWOOD, FL 33019

Mailing Address  
1340 ADAMS STREET  
HOLLYWOOD, FL 33019

FILED

06 NOV -3 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10102006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business

26262 SW 152 AVE

Suite, Apt. #, etc.

NARANJA FL

City & State  
NARANJA FLORIDA

Zip  
33032

Country - USA  
DADE

3. Mailing Address

26262 SW 152 AVE

Suite, Apt. #, etc.

NARANJA FL

City & State  
NARANJA FL

Zip  
33032

Country  
USA

4. FEI Number

84170989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAISE, KIMBERLY S P.A.  
1236 S.E. 4TH AVENUE  
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2007, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FLYNN, JOHN  
1340 ADAMS STREET  
HOLLYWOOD, FL 33019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300081476693  
11/03/06--01003--006 \*\*\$50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/10/06 305/510-3875

Date Daytime Phone #

REINSTATEMENT

OK

*[Handwritten signature]*