

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000078499

**FILED**  
**Oct 31, 2008**  
**Secretary of State**

**Entity Name:** SOUTHERN SATISFACTION FRAMING SUB-CONT. LLC

**Current Principal Place of Business:**

114 TOWER RD.  
PANACEA, FL 32346

**New Principal Place of Business:**

260 DUNCAN DR  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

114 TOWER RD.  
PANACEA, FL 32346

**New Mailing Address:**

260 DUNCAN DR  
CRAWFORDVILLE, FL 32327

**FEI Number:** 26-0076780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HUNT, THOMAS  
114 TOWER RD.  
PANACEA, FL 32346 US

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

HUNT, THOMAS  
260 DUNCAN DR  
CRAWFORDVILLE, FL 32327 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: THOMAS HUNT

10/31/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HUNT, THOMAS  
Address: 114 TOWER RD.  
City-St-Zip: PANACEA, FL 32346

Title: MGRM (X) Delete  
Name: HUNT, MICHAEL T  
Address: 114 TOWER RD.  
City-St-Zip: PANACEA, FL 32346

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HUNT, THOMAS  
Address: 260 DUNCAN DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: THOMAS HUNT

MR

10/31/2008

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