

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000084405

**FILED**  
**Oct 26, 2006**  
**Secretary of State**

**Entity Name:** CASON'S CUSTOM WOOD WORKS, LLC

**Current Principal Place of Business:**

144 SOUTHWEST COURTESY WAY  
LAKE CITY, FL 32024

**New Principal Place of Business:**

281 SW PETUNIA PL  
LAKE CITY, FL 32025

**Current Mailing Address:**

144 SOUTHWEST COURTESY WAY  
LAKE CITY, FL 32024

**New Mailing Address:**

281 SW PETUNIA PL  
LAKE CITY, FL 32025

FEI Number: 56-2530133      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:**

CASON, BRYAN  
144 SOUTHWEST COURTESY WAY  
LAKE CITY, FL 32024      US

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

CASON, BRYAN  
281 SW PETUNIA PL  
LAKE CITY, FL 32025      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: BRYAN CASON

10/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: OWNE ( ) Change (X) Addition  
Name: CASON, BRYAN D OWNER  
Address: 281 SW PETUNIA PL  
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the 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: BRYAN CASON

OWNE

10/26/2006

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