

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000084727

**FILED**  
**Oct 06, 2006**  
**Secretary of State**

**Entity Name:** LIGHTING BOLT DRYWALL "LIMITED LIABILITY COMPANY"

**Current Principal Place of Business:**

569 LIBBY ALICO RD  
BABSON, PARK, FL 33827

**New Principal Place of Business:**

**Current Mailing Address:**

569 LIBBY ALICO RD  
BABSON, PARK, FL 33827

**New Mailing Address:**

**FEI Number:** 03-0567495      **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:**

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

SCOTT GILBERT, RUDOLPH S.R.  
569 LIBBY ALICO RD  
BABSON, PARK, FL 33827      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:** SCOTT GILBERT RUDOLPH SR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** SCOTT GILBERT, RUDOLPH S.R.  
**Address:** 569 LIBBY ALICO RD  
**City-St-Zip:** BABSON, PARK, FL 33827

**Title:** MGRM      ( ) Delete  
**Name:** GILBERT, PAUL E S.R.  
**Address:** 569 LIBBY ALICO RD  
**City-St-Zip:** BABSON, PARK, FL 33827

**Title:** MGRM      ( ) Delete  
**Name:** BARTON, SHEILA R  
**Address:** 569 LIBBY ALICO RD  
**City-St-Zip:** BABSON, PARK, FL 33827

**ADDITIONS/CHANGES:**

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

**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 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:** SCOTT GILBERT RUDOLPH SR

MGR

10/06/2006

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