


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000088098		
1. Entity Name TURNER & HALL PLASTERING, LLC		

FILED

06 SEP 29 PM 4:23

Principal Place of Business 154 DOWNS ROAD BAINBRIDGE, GA 31717	Mailing Address 154 DOWNS ROAD BAINBRIDGE, GA 31717
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
100080317331  
10/02/06--01002--014 \*\*200.00



2. Principal Place of Business 1170 WEST GIN STREET Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 407 Suite, Apt. #, etc.
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09292006 REIN-LLC CR2E101 (11/05)

City & State BARWICK, GA	City & State BARWICK, GA	4. FEI Number 37-1515060	Applied For Not Applicable
Zip 31720	Country THOMAS	Zip 31720	Country THOMAS

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  TURNER, MELVIN 121 PENNEL ROAD MIDWAY, FL 32343		7. Name and Address of New Registered Agent Name WALTER E. HALL Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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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 Walter E. Hall  
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, MELVIN 154 DOWNS ROAD BAINBRIDGE, GA 31717	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, WALTER P.O. BOX 407 BARWICK, GA 31720	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.

SIGNATURE: Walter E. Hall  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/29/06  
Date Daytime Phone #