

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000100592

1. Entity Name
SOLID CONCEPT CABINET MAKERS L.L.C.



Principal Place of Business
1565 GERANIUM AVE
NORTH PORT, FL 34288

Mailing Address
PO BOX 495311
PORT CHARLOTTE, FL 33949

FILED

2007 MAR -7 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10022006 REIN-LLC CR2E101 (11/05)

4. FEI Number

300292687

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROLLER, MICHAEL SR
1565 GERANIUM AVE
NORTH PORT, FL 34288

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

Michael J. Roller MGR

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

(NOTE: Registered Agent signature required when reinstating)

Jan 25, 2007

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ROLLER, MICHAEL SR
STREET ADDRESS 1565 GERANIUM AVE
CITY-ST-ZIP NORTH PORT, FL 34288

TITLE MGRM ☐ Change ☒ Addition
NAME ROLLER, PAULA E.
STREET ADDRESS 1565 GERANIUM AVE.
CITY-ST-ZIP NORTH PORT, FLORIDA, 34288

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300092370973
03/13/07--01039--005 **105.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 06-07

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Michael J. Roller

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

JAN 25, 2007 (941) 716-2444

Date

Daytime Phone #

FROM: MICHAEL F. ROLLER
SOLID CONCEPT CABINETMAKERS LLC
P.O. BOX 495311
FT. CHARLOTTE, FL. 33949
(941) 716-2444

FILED

2007 MAR -7 AM 12:50 2007

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: DIVISION OF CORPORATIONS
TO WHOM IT MAY CONCERN,

I'M WRITING THIS LETTER TO INFORM YOU THAT I FILED FOR AN LLC FOR MY BUSINESS IN LATE OCTOBER OF 2005, AND RECIEVED THE LLC PAPERS A COUPLE OF WEEKS AFTER THAT DATE. IN JAN OF 2006, I LEFT FLORIDA TO DO WORK IN NEWJERSEY AND PHILADELPHIA PA, AND DID NOT RETURN BACK TO FLORIDA UNTIL SEPTEMBER 22, 2006, AT WHICH TIME I HAD A NOTICE OF INTENT TO DISSOLVE OR REVOKE MY LLC. DUE TO THE FACT THAT I DID NOT FILE A ANNUAL REPORT WITH YOUR OFFICE. I WAS UN-AWARE OF SUCH A REPORT, NOR DID I KNOW SUCH A REPORT EXHISTED. MY PROBLEM OR COMPLAINT IS THAT YOUR OFFICE WANTS \$200.- TO REINSTATE MY LLC, AND SINCE I DID NOT RECIEVE A NOTICE IN JAN OF 06, A REPRESENTATIVE FROM YOUR OFFICE TOLD ME TO WRITE YOU THIS LETTER, AND SEND IN THE FORM WITH A CHECK FOR \$100.- PLUS \$5.-, TOTALING \$105.-, TO COVER 2006 AND 2007. SO ENCLOSED IS A CHECK FOR \$105.00, PLUS THE FORM REQUIRED.

I WOULD APPRECIATE YOUR ATTENTION IN THIS MATTER, AND HOPE THAT I RECIEVE THE PROPER NOTICE AND RE-NEWAL FORMS NEXT JAN, 08, AS SHOULD HAVE BEEN SEND BEFOR, BUT WERE NOT.

ANY QUESTIONS, PLEASE CALL ME DIRECTLY AT:
(941) 716-2444

MICHAEL F. ROLLER MGR
SOLID CONCEPT CABINETMAKERS LLC
