

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000105288

FILED
Jan 03, 2008
Secretary of State

Entity Name: JUL-LINDY FLOORING ASSOCIATES, LLC

Current Principal Place of Business:

277 CYPRESS AVENUE
OAK HILL, FL 32759

New Principal Place of Business:

351 NORTH US 1
OAK HILL, FL 32759

Current Mailing Address:

277 CYPRESS AVENUE
OAK HILL, FL 32759

New Mailing Address:

351 NORTH US 1
OAK HILL, FL 32759

FEI Number: 20-3970805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

WOOD, JULIE L
277 CYPRESS AVENUE
OAK HILL, FL 32759 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: JULIE L. WOOD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WOOD, JULIE L
Address: 277 CYPRESS AVENUE
City-St-Zip: OAK HILL, FL 32759

Title: MGRM () Delete
Name: LINDHOLM, WILLIAM O
Address: 351 NORTH US HIGHWAY 1
City-St-Zip: OAK HILL, FL 32759

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: LINDHOLM, WILLIAM O
Address: 351 NORTH US HIGHWAY 1
City-St-Zip: OAK HILL, FL 32759

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: WILLIAM O. LINDHOLM JR

MGR

01/03/2008

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