

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000105296

**FILED**  
**Jan 14, 2008**  
**Secretary of State**

**Entity Name:** PAUL CALVERT CARPENTRY LLC

**Current Principal Place of Business:**

P O BOX 353  
FORT WHITE, FL 32038 US

**New Principal Place of Business:**

384 S W FREEDOM COURT  
FORT WHITE, FL 32038 US

**Current Mailing Address:**

P O BOX 353  
FORT WHITE, FL 32038 US

**New Mailing Address:**

**FEI Number:** 20-4253127      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

FOLSOM, LYNDAM  
548 CHANBRIDGES DRIVE  
JASPER, FL 32052 US

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

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:** LYNDAM FOLSOM

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** CALVERT, PAUL  
**Address:** P O BOX 353  
**City-St-Zip:** FORT WHITE, FL 32038 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** CALVERT, PAUL  
**Address:** 384 SW FREEDOM COURT  
**City-St-Zip:** FORT WHITE, FL 32038 US

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:** PAUL H CALVERT

MGRM

01/14/2008

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