

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000113782

Entity Name: L & D REMODELING LLC

FILED
Jun 11, 2009
Secretary of State

Current Principal Place of Business:

92 5TH AVE
#5
SHALIMAR, FL 32579

New Principal Place of Business:

330 LEAH MILLER DR
FT WALTON BCH, FL 32548 US

Current Mailing Address:

92 FIFTH AV.
#5
SHALIMAR, FL 32579 US

New Mailing Address:

330 LEAH MILLER DR
FT WALTON BCH, FL 32548 US

FEI Number: 06-1761246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, RICHARD A
92 FIFTH AV.
#6
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

LOPEZ, TERRY L
330 LEAH MILLER DR
FT WALTON BCH, FL 32548 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: TERRY L LOPEZ

06/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOPEZ, TERRY L
Address: 92 5TH AVE #5
City-St-Zip: SHALIMAR, FL 32579 US

Title: MGR () Delete
Name: DALTON, ANGELA A
Address: 92 5TH AVE #5
City-St-Zip: SHALIMAR, FL 32579 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOPEZ, TERRY L
Address: 330 LEAH MILLER DR
City-St-Zip: FT WALTON BCH, FL 32548 US

Title: MGRM (X) Change () Addition
Name: DALTON, ANGELA A
Address: 330 LEAH MILLER DR
City-St-Zip: FT WALTON BCH, FL 32548 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: TERRY L LOPEZ

MGRM

06/11/2009

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