

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000114556

Entity Name: HZ FRAMING CONSTRUCTION, LLC

FILED
Oct 25, 2006
Secretary of State

Current Principal Place of Business:

13428 TALL PALM PLACE
103
RIVERVIEW, FL 33569

New Principal Place of Business:

10106 MAJESTIC PALM CIRCLE
APT. # 103
RIVERVIEW, FL 33569

Current Mailing Address:

13428 TALL PALM PLACE
103
RIVERVIEW, FL 33569

New Mailing Address:

10106 MEJESTIC PALM CIRCLE
APT. # 103
RIVERVIEW, FL 33569

FEI Number: 20-3865401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ZABALA, HENRY
13428 TALL PALM PLACE
103
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

ZABALA, HENRY
10106 MAJESTIC PALM CIRCLE
APT. # 103
RIVERVIEW, FL 33569 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: HENRY ZABALA

10/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZABALA, HENRY
Address: 13428 TALL PALM PLACE #103
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZABALA, HENRY
Address: 10106 MAJESTIC PALM CIRCLE APT. #103
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the 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: HENRY ZABALA

MGRM

10/25/2006

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