

2006 LIMITED LIABILITY COMPANY REINSTATEMENT


FILED

2006 OCT 31 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09302006 REIN-LLC CR2E101 (11/05)

DOCUMENT # L05000119316			
1. Entity Name RICHERSON FLOOR COVERING SERVICES, L.L.C.			
Principal Place of Business 6106 SW 11TH PLACE SUITE A GAINESVILLE, FL 32607		Mailing Address 6106 SW 11TH PLACE SUITE A GAINESVILLE, FL 32607	
2. Principal Place of Business 26443 SW 4th RD Suite, Apt. #, etc.		3. Mailing Address 26443 SW 4th RD Suite, Apt. #, etc.	
City & State Newberry FL		City & State Newberry FL	
Zip 32609	Country U.S.A.	Zip 32609	Country U.S.A.
4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHERSON, CHRISTOPHER G 6106 SW 11TH PLACE SUITE A GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable) 26443 SW 4th RD City: Newberry FL Zip Code: 32609	
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: Christopher Richerson DATE: 10/6/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHERSON, CHRISTOPHER G 6106 SW 11TH PLACE SUITE A GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200091402512 10/31/06--01094--008 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, JACOB D 2820 NW 245TH DRIVE NEWBERRY, FL 32669 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Chris Richerson		Chris Richerson 10/6/06 (352)682-6518	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	