


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000121443		
1. Entity Name TTS CARPENTRY, LLC		

Principal Place of Business 9322 STONE RIVER PLACE RIVERVIEW, FL 33569 US	Mailing Address 9322 STONE RIVER PLACE RIVERVIEW, FL 33569 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip <u>33578</u> Country	Zip <u>33578</u> Country

6. Name and Address of Current Registered Agent	
STEFAN, TODOR T 9322 STONE RIVER PLACE RIVERVIEW, FL 33569 <u>78</u>	

FILED

08 FEB -4 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-3971128	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code <u>33578</u>

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 <u>Todor Stefan</u>	DATE <u>1.23.08</u>

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEFAN, TODOR T 9322 STONE RIVER PLACE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200116338702 01/29/08--01020--012 **377.50
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: <u>Todor Stefan</u>	DATE <u>1.23.08</u> DAYTIME PHONE # <u>837120172</u>