


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 AUG 27 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000123018					
1. Entity Name QUICK'S CUSTOM WOODWORK AND DESIGN L.L.C.					
Principal Place of Business 416 TALL PINE DR. HAVANA, FL 32333			Mailing Address 416 TALL PINE DR. HAVANA, FL 32333		
2. Principal Place of Business - No P.O. Box # 47 Bluebird Ct. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 47 Bluebird Ct. <small>Suite, Apt. #, etc.</small>			
City & State Havana FL.		City & State Havana FL.		4. FEI Number 08272009 REIN-LLC CR2E101 (1/07)	
Zip 32333		Country		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 32333		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent QUICK, DAN 416 TALL PINE DR. HAVANA, FL 32333			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			47 Bluebird Ct.		
			City Havana		FL
			Zip Code 32333		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$277.50		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 QUICK, DAN 416 TALL PINE DR. HAVANA, FL 32333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 47 Bluebird Ct. Havana FL. 32333	
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	
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 000160019840 08/27/09--01032--003 **277.50	
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	
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><i>Daniel Quick</i></u> _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Day-mo Phone #</small>	

REINSTATEMENT 2008-09 Ben