

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000015837



1. Entity Name  
TAYLORFRAMING L.L.C.

**FILED**

07 NOV 29 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2085 BERNARD JOHNSON RD.  
PERRY, FL 32347

Mailing Address  
2085 BERNARD JOHNSON RD.  
PERRY, FL 32347

2. Principal Place of Business - No P.O. Box #  
5437 Smith Rd

3. Mailing Address  
5437 Smith Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11282007 REIN-LLC CR2E101 (1/07)

City & State  
Perry, FL

City & State  
Perry FL  
32348

4. FEI Number  
42-1711060

Applied For  
Not Applicable

Zip  
32348

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

TAYLOR, GENE E  
2085 BERNARD JOHNSON RD  
PERRY, FL 32347

## 7. Name and Address of New Registered Agent

Name Gene E Taylor

Street Address (P.O. Box Number is Not Acceptable)

5437 Smith Rd.

City Perry FL

FL

Zip Code 32348

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

*Gene E. Taylor*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, 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

TITLE MGR ☐ Delete  
NAME TAYLOR, GENE E  
STREET ADDRESS 2085 BERNARD JOHNSON RD  
CITY-ST-ZIP PERRY, FL 32347

TITLE MGRM ☒ Delete  
NAME TAYLOR, PAMELA C  
STREET ADDRESS 2085 BERNARD JOHNSON RD  
CITY-ST-ZIP PERRY, FL 32347

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE M.G.R.M. ☒ Change ☐ Addition  
NAME Gene E Taylor  
STREET ADDRESS 5437 Smith Rd. Perry FL. 32348  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900112716669  
CITY-ST-ZIP 11/30/07--01012--006 \*\*55.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Gene E. Taylor* Gene E Taylor 11-29-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #