
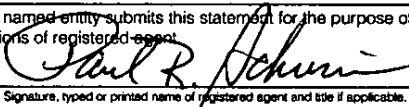



2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 22 PM 12:06

DOCUMENT # L06000028215 1. Entity Name PAUL SCHWIER REMODELING LLC					
Principal Place of Business 3885 ST. RD. 46 SANFORD, FL 32771 US			Mailing Address 3885 ST. RD. 46 SANFORD, FL 32771 US		
2. Principal Place of Business - No P.O. Box # 1838 Corner Meadow Circle Suite, Apt. #, etc. OR		3. Mailing Address 1838 Corner Meadow Circle Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 20-4730147	
Zip 32820		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWIER, PAUL R 3885 ST. RD. 46 SANFORD, FL 32771			7. Name and Address of New Registered Agent Name Paul R. Schwier Street Address (P.O. Box Number is Not Acceptable) 1838 Corner Meadow Circle City ORLANDO FL Zip Code 32820		
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  DATE 4-14-2008 <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 \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWIER, PAUL R 3885 ST. RD. 46 SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Paul R. Schwier 1838 Corner Meadow Circle ORLANDO FL 32820 <input checked="" 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	
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	
<div style="display: flex; justify-content: space-between;"> <div> REINSTATEMENT 07-08 </div> <div> 700123779447 04/16/08--01041--011 **377.50 </div> </div>					
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: 			Date 4-14-2008 Daytime Phone # 251-213-5542		