

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000041034

1. Entity Name
MB PRECISION CARPENTRY LLC



FILED

08 SEP 30 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2239 YANKEE TERRACE
NORTH PORT, FL 34286 US

Mailing Address
2239 YANKEE TERRACE
NORTH PORT, FL 34286 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

09302008 REIN-LLC CR2E101 (1/07)

City & State
Zip Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARCIS, MATEUSZ
2239 YANKEE TERRACE
NORTH PORT, FL 34286

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 \$138.75
After January 1, 2009, Fee will be \$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

TITLE MGR ☐ Delete
NAME BARCIS, MATEUSZ
STREET ADDRESS 2239 YANKEE TERRACE
CITY - ST - ZIP NORTH PORT, FL 34286

TITLE MGRM ☐ Delete
NAME HAY, ELISE
STREET ADDRESS 17397 COX AVE
CITY - ST - ZIP PORT CHARLOTTE, FL 33948

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000136579520
CITY - ST - ZIP 10/02/08--01046--001 **138.75

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

REINSTATEMENT
08

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: M. Barcis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #