

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000049332

FILED
Feb 03, 2009
Secretary of State

Entity Name: MILLS & SONS STUCCO LLC

Current Principal Place of Business:

2745 AUGUSTUS RD
NAVARRE, FL 32566 SR

New Principal Place of Business:

9849 PROVINCIAL RD
MILTON, FL 32583 SR

Current Mailing Address:

2745 AUGUSTUS RD
NAVARRE, FL 32566

New Mailing Address:

9849 PROVINCIAL RD
MILTON, FL 32583 SR

FEI Number: 16-1759953 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLS, JOHN E
2745 AUGUSTUS RD
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

MILLS, JOHN E
9849 PROVINCIAL RD
MILTON, FL 32583 US

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.

SIGNATURE: JOHN MILLS

02/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILLS, JOHN E
Address: 2745 AUGUSTUS RD
City-St-Zip: NAVARRE, FL 32566

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MILLS, JOHN E
Address: 9849 PROVINCIAL RD
City-St-Zip: MILTON, FL 32583

Title: MGR () Change (X) Addition
Name: MILLS, WILLIAM A
Address: 9849 PROVINCIAL RD
City-St-Zip: MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN MILLS

MGR

02/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date