

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 MAR 19 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03192008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000053212		
1. Entity Name ELDON COLBY FENCING LLC		

Principal Place of Business 18 ZEBULON PLACE PALM COAST, FL 32164 US	Mailing Address P.O. BOX 350075 PALM COAST, FL 32135 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 18 Zebulon Place Suite, Apt. #, etc.
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City & State Palm Coast, FL	City & State Palm Coast, FL
Zip 32164	Country US

4. FEI Number 510581346	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent COLBY, ELDON R 18 ZEBULON PLACE PALM COAST, FL 32164	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COLBY, ELDON R 18 ZEBULON PLACE PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800121207988 03/25/08--01028--013 **277.50 <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
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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: Eldon Colby 3/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #