

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 MAY -2 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L06000059063			
1. Entity Name LONE OAK CUSTOM WOODWORKING, LLC			
Principal Place of Business 200 KELLY ROAD C-4 NICEVILLE, FL 32578		Mailing Address 200 KELLY ROAD C-4 NICEVILLE, FL 32578	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 126 POPLAR PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State NICEVILLE FL	
Zip	Country	Zip	Country
32578	USA	32578	USA
6. Name and Address of Current Registered Agent PRETTYMAN, ANN 126 POPLAR PLACE NICEVILLE, FL 32578		7. Name and Address of New Registered Agent Name: JON PRETTYMAN Street Address (P.O. Box Number is Not Acceptable): 126 POPLAR PLACE City: NICEVILLE FL Zip Code: 32578	
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: _____	
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	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: PRETTYMAN, JON STREET ADDRESS: 126 POPLAR PLACE CITY-ST-ZIP: NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE: MGR NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: PRETTYMAN, ANN STREET ADDRESS: 126 POPLAR PLACE CITY-ST-ZIP: NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 500126982595 CITY-ST-ZIP: 04/30/08--01005--007 **277.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: MGR NAME: ANTHONY PRETTYMAN STREET ADDRESS: 126 POPLAR PLACE CITY-ST-ZIP: NICEVILLE FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: MGR NAME: JACK PRETTYMAN STREET ADDRESS: 126 POPLAR PLACE CITY-ST-ZIP: NICEVILLE FL 32578	<input type="checkbox"/> Change <input checked="" 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
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: 4.23.08 Daytime Phone #: 8504996147	