

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000070936

FILED  
Jul 16, 2008  
Secretary of State

Entity Name: PANHANDLE FLOOR COVERING, LLC

**Current Principal Place of Business:**

3714 E. 4TH STREET  
PANAMA CITY, FL 32401 US

**New Principal Place of Business:**

**Current Mailing Address:**

3714 E. 4TH STREET  
PANAMA CITY, FL 32401 US

**New Mailing Address:**

2809 CYNTHIA COURT  
PANAMA CITY, FL 32401 US

FEI Number: 86-1171411      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:**

BRUNER, DALLAS W  
3714 E. 4TH STREET  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

BRUNER, DALLAS W  
2809 CYNTHIA COURT  
PANAMA CITY, FL 32401 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: DALLAS WADE BRUNER

07/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRUNER, DALLAS W  
Address: 3714 E. 4TH STREET  
City-St-Zip: PANAMA CITY, FL 32401 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BRUNER, DALLAS W  
Address: 2809 CYNTHIA COURT  
City-St-Zip: PANAMA CITY, FL 32401 US

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: DALLAS WADE BRUNER

MGRM

07/16/2008

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