

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000091634

FILED
Dec 03, 2007
Secretary of State

Entity Name: BUILDING MATERIAL MANAGEMENT GROUP, LLC

Current Principal Place of Business:

861 MAPLE WOODS CIRCLE
PENSACOLA, FL 32534

New Principal Place of Business:

2702 N. 12TH AVENUE
PENSACOLA, FL 32503

Current Mailing Address:

861 MAPLE WOODS CIRCLE
PENSACOLA, FL 32534

New Mailing Address:

2702 N. 12TH AVENUE
PENSACOLA, FL 32503

FEI Number: 20-5527945 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:

WYCHE, JOHN H
861 MAPLE WOODS CIRCLE
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

SCOTT, WILLIAM R JR
1301 E. CROSS ST
PENSACOLA, FL 32503 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: WILLIAM R SCOTT

12/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCOTT, WILLIAM R
Address: 1301 E. CROSS ST
City-St-Zip: PENSACOLA, FL 32503

Title: MGR () Delete
Name: WYCHE, JOHN H
Address: 861 MAPLE WOODS CIRCLE
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 H WYCHE

VP

12/03/2007

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