

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000096030

Entity Name: EALUM BROTHERS LLC

FILED
Nov 30, 2009
Secretary of State

Current Principal Place of Business:

3388 GUITAR LANE
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

3388 GUITAR LANE
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 20-5638745 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:

LANEY, ROGER L III
1378 N RAILROAD AVE
CHIPLEY, FL 32428 US

Name and Address of New Registered Agent:

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: ROGER L LANEY III

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EALUM, STEPHEN W
Address: 1697 MCCARNLEY RD
City-St-Zip: BONIFAY, FL 32425

Title: MGR () Delete
Name: EALUM, JAMES T JR
Address: 1657 HWY 173
City-St-Zip: GRACEVILLE, FL 32440

Title: MGR () Delete
Name: EALUM, JAMES H
Address: 3389 GUITAR LN
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES:

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

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: STEPHEN EALUM

MGR

11/30/2009

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