

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000097068

FILED  
Sep 24, 2007  
Secretary of State

**Entity Name:** SIGNATURE KITCHEN & BATH REMODELING LLC.

**Current Principal Place of Business:**

698 PINE VALE DRIVE  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

698 PINE VALE DRIVE  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 20-5661085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALM BROTHERS INC.  
1635 TRIANGLE PALM TERR.  
NAPLES, FL 34119 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: BRANDON PALM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCMULLIN, BRIAN  
Address: 698 PINE VALE DRIVE  
City-St-Zip: NAPLES, FL 34104

Title: MGRM ( ) Delete  
Name: PALM, BRANDON  
Address: 1635 TRIANGLE PAM TERR  
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete  
Name: MCMULLIN, JESSE  
Address: 698 PINE VALE DRIVE  
City-St-Zip: NAPLES, FL 34104

Title: MGRM ( ) Delete  
Name: PALM, MARCUS  
Address: 1641 TRIANGLE PALM TERR  
City-St-Zip: NAPLES, FL 34119

**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:

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: BRIAN MCMULLIN

MGR

09/24/2007

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