

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000098769

Entity Name: PINEDAS DRYWALL LLC

**FILED**  
**Mar 18, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

6111 JONJAY WAY  
LAKELAND, FL 338133437

**New Principal Place of Business:**

4211 HANCOCK AVE SE  
27  
LAKELAND, FL 33811

**Current Mailing Address:**

6111 JONJAY WAY  
LAKELAND, FL 338133437

**New Mailing Address:**

4211 HANCOCK AVE SE  
27  
LAKELAND, FL 33811

FEI Number: 20-5696508      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:**

PINEDA, ALBERTO  
6111 JONJAY WAY  
LAKELAND, FL 338133437 US

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

PINEDA, ALBERTO  
4211 HANCOCK AVE SE  
27  
LAKELAND, FL 33811 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: ALBERTO PINEDA

03/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: PINEDA, ALBERTO  
Address: 6111 JONJAY WAY  
City-St-Zip: LAKELAND, FL 338133437

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: PINEDA, ALBERTO  
Address: 4211 HANCOCK AVE SE #27  
City-St-Zip: LAKELAND, FL 33811

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: ALBERTO PINEDA

MGR

03/18/2009

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