2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 07, 2007
Secretary of State

DOCUMENT# L06000102731

Entity Name: SUMMERS HOME RENOVATION LLC.

Current Principal Place of Business:

8860 SHELL ISLAND DRIVE
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8860 SHELL ISLAND DRIVE
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

SUMMERS, ERIC R
8860 SHELL ISLAND DRIVE
JACKSONVILLE, FL 32216 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: ERIC SUMMERS

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ADAIR SUMMERS, KEONNIA D
Address: 8860 SHELL ISLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ADAIR SUMMERS, KEONNIA D COOWNER
Address: 8860 SHELL ISLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM ( ) Change (X) Addition
Name: SUMMERS, ERIC R OWNER
Address: 8860 SHELL ISLAND DR
City-St-Zip: JACKSONVILLE, FL 32216

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: KEONNIA ADAIR SUMMERS MGRM 12/07/2007

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