

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000104867

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** COBB & ASSOCIATES CERTIFIED RESIDENTIAL CONTRACTOR, LLC

**Current Principal Place of Business:**

623 LOCUST STREET  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

623 LOCUST STREET  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:** 20-5792270

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

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

COBB, RACEROY I  
623 LOCUST STREET  
TARPON SPRINGS, FL 34689 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:** RACEROY I COBB

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** COBB, RACEROY I  
**Address:** 623 LOCUST STREET  
**City-St-Zip:** TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES:**

**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:** RACEROY I COBB

MGR

03/24/2009

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