

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000109871

1. Entity Name
MARQUEZ & HERNANDEZ FRAMING, LLC



Principal Place of Business

1857 ATWOOD DRIVE
112W
PENSACOLA, FL 32514 US

Mailing Address

1857 ATWOOD DRIVE
112W
PENSACOLA, FL 32514 US

2. Principal Place of Business - No P.O. Box #

7751 Gregg Rd
lot F

3. Mailing Address

P.O. Box 11738
FL

City & State

Pensacola FL
32514 Escambia

City & State

Pensacola
32524 Escambia

12072007 REIN-LLC CR2E101 (1/07)

4. FEI Number

83-0483446

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, GARCIANO
1857 ATWOOD DRIVE
112W
PENSACOLA, FL 32514

7. Name and Address of New Registered Agent

Name
Graciano Marquez

Street Address (P.O. Box Number is Not Acceptable)

7751 Gregg Rd lot F

City Pensacola

FL

Zip Code

32514

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MARQUEZ, GARCIANO
1857 ATWOOD DRIVE
PENSACOLA, FL 32514

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HERNANDEZ, TEODORO
1857 ATWOOD DRIVE
PENSACOLA, FL 32514

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
300113427863
12/27/07--01017--009 **\$50.00

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
07 DEC -7 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2007