

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000119593

FILED
Oct 23, 2007
Secretary of State

Entity Name: CABINET & STONE WORLD, LLC

Current Principal Place of Business:

4289 COUNTRY RD. 218 WEST
MIDDLEBURG, FL 32068

New Principal Place of Business:

429A ORANGE AVE
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

4289 COUNTRY RD. 218 WEST
MIDDLEBURG, FL 32068

New Mailing Address:

429A ORANGE AVE
GREEN COVE SPRINGS, FL 32043

FEI Number: 20-8048862 **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:

Name and Address of New Registered Agent:

PITCHFORD, BRYAN W
3355 TETTERSALL DRIVE
GREEN COVE SPRINGS, FL 32043 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: BRYAN PICHFORD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: PITCHFORD, BRYAN W
Address: 3355 TETTERSALL DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: PITCHFORD, ANN
Address: 3355 TETTERSALL DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: BRYAN PITCHFORD

MGRM

10/23/2007

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