

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000121522

Entity Name: J.T.'S FRAMING L.L.C

**FILED**  
**Sep 17, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

404 JILLIAN DRIVE  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

404 JILLIAN DRIVE  
CRESTVIEW, FL 32536

**New Mailing Address:**

FEI Number: 26-1077164      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:**

SETTLES, DAVID J  
404 JILLIAN DRIVE  
CRESTVIEW, FL 32536      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: DAVID J SETTLES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SETTLES, DAVID J  
Address: 404 JILLIAN DRIVE  
City-St-Zip: CRESTVIEW, FL 32536

Title: MGR      ( ) Delete  
Name: BRUNSON, TIMOTHY  
Address: PO BOX 763  
City-St-Zip: BAKER, FL 32531

**ADDITIONS/CHANGES:**

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

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: DAVID J SETTLES

MGRM

09/17/2007

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