

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000061303

FILED
Oct 30, 2009
Secretary of State

Entity Name: BAY AREA WINDOWS & SHUTTERS, LLC

Current Principal Place of Business:

4253 42ND AVE NORTH
ST. PETERSBURG, FL 33714 US

New Principal Place of Business:

Current Mailing Address:

4253 42ND AVE NORTH
ST. PETERSBURG, FL 33714 US

New Mailing Address:

FEI Number: 26-0349742 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

KELLEY, PATRIK MGRM
4253 42ND AVE N
ST PETERSBURG, FL 33714 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: PATRICK KELLEY

10/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOWERMASTER, BRYAN S
Address: 2611 15TH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: MGRM () Delete
Name: KELLEY, PATRICK O
Address: 4253 42ND AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33714 US

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: PATRICK KELLEY

MGRM

10/30/2009

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