

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000062707

1. Entity Name
HENSLEY'S CUSTOM REMODELING LLC



Principal Place of Business
5529 BARCELONA ST
PACE, FL 32571

Mailing Address
5529 BARCELONA ST
PACE, FL 32571

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272008 REIN-LLC CR2E101 (1/07)

4. FEI Number

20-8277752

Applied For

Not Applicable

5. Certificate of Status Desired

RE

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENSLEY, SAM
5529 BARCELONA ST
PACE, FL 32571

Name

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

City

FL

Zip Code

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

See #11

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HENSLEY, SAM
5529 BARCELONA ST
PACE, FL 32571 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
700138074027
11/19/08--01013--011 **243.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HENSLEY, DARLENE
5529 BARCELONA ST
PACE, FL 32571 ☐ Delete

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:

Sam Hensley Sam Hensley

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

Date

11-15-08

Daytime Phone #

(850)463-4302