

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000064202

FILED
Oct 13, 2009
Secretary of State

Entity Name: CUSTOM ALUMINUM & SCREEN, LLC

Current Principal Place of Business:

6452 161ST ROAD
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

6452 161ST ROAD
LIVE OAK, FL 32060

New Mailing Address:

FEI Number: 39-2057105 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

SLATER, MICHAEL B
6452 161ST ROAD
LIVE OAK, FL 32060 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: MICHAEL B. SLATER II

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SLATER, MICHAEL B II
Address: 6452 161ST ROAD
City-St-Zip: LIVE OAK, FL 32060

Title: MGR () Delete
Name: SLATER, ARLEY R
Address: 6488 161ST ROAD
City-St-Zip: LIVE OAK, FL 32060

Title: MGR () Delete
Name: SLATER, AMANDA MARIE
Address: 6452 161ST RD
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES:

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

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: MICHAEL B. SLATER II

MGR

10/13/2009

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