

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000086008

FILED
Dec 08, 2009
Secretary of State

Entity Name: SHORLINE RESTORATION MASONRY, LLC

Current Principal Place of Business:

209 MCCLRE DRIVE
APT A
GULFBREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

209 MCCLRE DRIVE
APT A
GULFBREEZE, FL 32561

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

MONTES, CLAUDIO
209 MCCLURE DRIVE
APT A
GULFBREEZE, FL 32561 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: CLAUDIO MONTES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: MONTES, CLAUDIO
Address: 209 MCCLURE DRIVE APT A
City-St-Zip: GULFBREEZE, FL 32561

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: CLAUDIO MONTES

M

12/08/2009

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