2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000092605				Ra.		man	LEU			
1. Entity Name RALEY & WOOD CARPENTRY LLC				08 OCT -			6 AM 9: 32			
Principal Place of Business 1760 BOOSTER CLUB RD BAINBRIDGE, GA 39819		Mailing Address 1760 BOOSTER CLUB RD BAINBRIDGE, GA 39819	10 11			SECKE ÏA TALLAHAS	RY OF SI SEE, FLI	Y OF STATE EE.FLORIDA		
2. Principal Place of Business - No Fl.O. Box # 3. Mailing Address Park Suite, Apt. #, etc. Suite, Apt. #, etc.			Rd							
City & State		City & State			10062008	REIN-LLC	CR2E10)1 (1/07)	lied For	
(dico)	Country	Cairo, Ga Zio Sala Country 39828 Grady			<i>a</i> (5. Certificate of Status Desired				
310010	6. Name and Address of Current R	Name	7. Name and Address of New Registered Agent							
BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333				Street Address (P.O. Box Number is Not Acceptable)						
				City Zip Code						
8 The above n		rL								
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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 In accordance with s. 607.19 liability company did not rec										
9.	MANAGING MEMBER		10.	<u>.</u>		ADDITIONS	S/CHANGES			
NAME STREET ADDRESS	MGRM RALEY, MICHAEL 1760 BOOSTER CLUB RD BAINBRIDGE, GA 39819		TITLE NAME STREET ADDRESS CITY-ST-ZIP		20 10/07	00136 1 7/0801021	5924] Change 52 **138.	□ Addition	
TITLE NAME STREET ADDRESS	MGRM WOOD, JUSTIN 1760 BOOSTER CLUB RD BAINBRIDGE, GA 39819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MG1 Waz 1914	Pine P	stingland and season	1	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
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: OCT Date Dayling MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone P										