

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000098489

FILED
Oct 08, 2009
Secretary of State

Entity Name: C & P HOME MAINTENANCE, LLC

Current Principal Place of Business:

3350 BAYOU DRIVE
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

3350 BAYOU DRIVE
PENSACOLA, FL 32505 US

New Mailing Address:

FEI Number: 14-2007815 **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:

HARRIS, CHRISTOPHER A
3350 BAYOU DRIVE
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 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: DEVIN NEWMAN FOR ALL FLORIDA FIRM INC

10/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: HARRIS, CHRISTOPHER A
Address: 3350 BAYOU DRIVE
City-St-Zip: PENSACOLA, FL 32505 US

Title: MGMR () Delete
Name: COLE, GEORGE G
Address: 2720 SUMMERTREE LANE
City-St-Zip: GULF BREEZE, FL 32563 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: CHRISTOPHER HARRIS

MGMR

10/08/2009

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