

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000112845

FILED
Dec 02, 2009
Secretary of State

Entity Name: MITCH SMITH DRYWALL, LLC

Current Principal Place of Business:

1965 SCHNOOR ROAD
JAY, FL 32565 US

New Principal Place of Business:

Current Mailing Address:

1965 SCHNOOR ROAD
JAY, FL 32565 US

New Mailing Address:

FEI Number: 11-3827009 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:

SMITH, WILLIAM M
1965 SCHNOOR ROAD
JAY, FL 32565 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: WILLIAM M SMITH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, WILLIAM M
Address: 1965 SCHNOOR ROAD
City-St-Zip: JAY, FL 32565 US

Title: MGRM () Delete
Name: CAPERS, TERRY J
Address: 9161 CAPERS LANE
City-St-Zip: MILTON, FL 32570

Title: MGRM () Delete
Name: KELLY, KATINA L
Address: 3140 ARCHES WAY
City-St-Zip: PACE, FL 32571

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: WILLIAM M SMITH

MGRM

12/02/2009

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