

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000071226

**Entity Name:** CRAFTSMEN SOLUTIONS LLC

**FILED**  
**Oct 16, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

8202 CATHY ANN ST  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 593  
CLARCONA, FL 32710

**New Mailing Address:**

**FEI Number:** 26-3055196

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DYAL, JEFFREY P  
8202 CATHY ANN ST  
ORLANDO, FL 32818 US

**Name and Address of New Registered Agent:**

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: JEFFREY P DYAL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DYAL, JEFF  
Address: 8202 CATHY ANN ST  
City-St-Zip: ORLANDO, FL 32818

Title: MGR  
Name: DYAL, JENNIFER  
Address: 8202 CATHY ANN ST  
City-St-Zip: ORLANDO, FL 32818

I hereby 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: JEFFREY P DYAL

MGRM

10/16/2013

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