

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000081735

**FILED**  
**Nov 02, 2010**  
**Secretary of State**

**Entity Name:** ATLANTIC BEACH CABINET INSTALLATIONS, LLC

**Current Principal Place of Business:**

1740 PARK TERRACE EAST  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

1740 PARK TERRACE EAST  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

SPINA, MARK  
1740 PARK TERRACE EAST  
ATLANTIC BEACH, FL 32233 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: MARK SPINA

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SPINA, MARK  
Address: 1740 PARK TERRACE EAST  
City-St-Zip: ATLANTIC BEACH, FL 32233

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: MARK SPINA

MGRM

11/02/2010

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