

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000096452

FILED
Oct 21, 2009
Secretary of State

Entity Name: STEVE NORRIS MOBILE HOME REPAIR, LLC

Current Principal Place of Business:

363 SW MEMORIAL DR
FT WHITE, FL 32038

New Principal Place of Business:

Current Mailing Address:

363 SW MEMORIAL DR
FT WHITE, FL 32038

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

NORRIS, STEPHEN C
363 SW MEMORIAL DR
FT WHITE, FL 32038 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: STEVE NORRIS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NORRIS, STEPHEN C
Address: 363 SW MEMORIAL DR
City-St-Zip: FT WHITE, FL 32038

Title: MGRM () Delete
Name: FRALICK, MICHAEL
Address: 9157 SW CR 27AL DR
City-St-Zip: FT WHITE, FL 32038

Title: MGRM () Delete
Name: LATHAM, SCOTT II
Address: 1226 SW NEWORK
City-St-Zip: FT WHITE, FL 32038

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: STEVE NORRIS

OWN

10/21/2009

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