

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000105232

Entity Name: DOUG'S SIDING, L.L.C.

**FILED**  
**Oct 18, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

5219 CHAMBERLAIN ST  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

5219 CHAMBERLAIN ST  
SPRING HILL, FL 34609

**New Mailing Address:**

FEI Number: 26-3961879      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:**

SOSNA, ROBYN  
7387 TARRYTOWN DR  
SPRING HILL, FL 34606      US

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

SOSNA, ROBYN D  
15521 EASTWOOD TRAIL  
SPRING HILL, FL 34604      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: ROBYN D. SOSNA

10/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: POLVENT, DOUGLAS J  
Address: 5219 CHAMBERLAIN ST  
City-St-Zip: SPRING HILL, FL 34609

**ADDITIONS/CHANGES:**

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: DOUGLAS J POLVENT

MGR

10/18/2009

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