

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

13 AUG 30 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO9 000071726

1. Limited Liability Company's Name

SAW FLOOR COVERINGS LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

973 Hwy 71st south

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MARIANNA FL

City & State

Zip

32448

Country

UNITED STATES

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

7-27-09

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Scott A. Williams

Street Address (P.O. Box Number is Not Acceptable)

973 Hwy 71 south

Suite, Apt. #, Etc.

City

MARIANNA

State

FL

Zip Code

32448

E-mail Address:

900251285229

09/03/13--01001--022 **655.00

SCOTTWILLIAM@Gtcom.NET

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Scott A. Williams

Date

8/30/13

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
	<u>Scott A Williams</u>	<u>973 Hwy 71 south</u>	<u>MARIANNA FL 32448</u>

8/30/13

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Scott A. Williams

Date

8/30/13

Daytime Phone #

850 209 4482

Typed or printed name of signing Managing Member/Manager