

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000099232

**Entity Name:** PAVER CREATIONS, LLC

**FILED**  
**Nov 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4222 TIMBERLAKE DRIVE  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 57145  
JACKSONVILLE, FL 32241 US

**New Mailing Address:**

4222 TIMBERLAKE DRIVE N  
JACKSONVILLE, FL 32257 US

FEI Number: 27-1108233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PAFFE, GRETCHEN L  
4222 TIMBERLAKE DRIVE  
JACKSONVILLE, FL 32257 US

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

ALENCAR, GRETCHEN  
4222 TIMBERLAKE DRIVE N  
JACKSONVILLE, FL 32257 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: GRETCHEN ALENCAR

11/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALENCAR, GRETCHEN  
Address: 4222 TIMBERLAKE DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MGR  
Name: ALENCAR, CLAITON  
Address: 4222 TIMBERLAKE DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32257 US

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: GRETCHEN ALENCAR

MGRM

11/17/2011

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