


# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
FILED

13 OCT -8 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L10000008022</b> 1. Entity Name RW CARPENTRY LLC	
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Principal Place of Business 635 S. MULBERRY ST. MONTICELLO, FL 32344	Mailing Address 635 S. MULBERRY ST. MONTICELLO, FL 32344
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc	3. Mailing Address  Suite, Apt. #, etc.
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10082013 REIN-LLC CR2E101 (12/11)

City & State	4. FEI Number 13-4318737
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Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  WEST, RICKY E 635 S. MULBERRY ST. MONTICELLO, FL 32344	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City
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**FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ricky West* DATE: 10-8-13

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$238.75</b> After January 1, 2014, Fee will be \$377.50		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, RICKY	NAME	
STREET ADDRESS	635 S. MULBERRY ST.	STREET ADDRESS	
CITY- ST- ZIP	MONTICELLO, FL 32344	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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10/08/13--01004--022 \*\*238.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Ricky West* DATE: 10-8-13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      E-MAIL ADDRESS

OC 10/8/13