


2013 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

18 JUL -9 AM 10:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L11000077671					
1. Entity Name CARLOS ALAS DRYWALL OF GADSDEN LLC					
Principal Place of Business 578 FRIDAY ROAD QUINCY, FL 32352			Mailing Address 578 FRIDAY ROAD QUINCY, FL 32352		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 27			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Midway F.I.		4. FEI Number	
Zip		Zip 32343		Country	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KEEL, LASHELLE 58 SIOUX CIRCLE HAVANA, FL 32333			Name Carlos Alas		
			Street Address (P.O. Box Number is Not Acceptable) 578 Friday Rd.		
			City Quincy		
			FL		Zip Code 32352
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 <u>Carlos Alas</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALAS, CARLOS 578 FRIDAY ROAD QUINCY, FL 32352	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONTRERAS, JUAN CARLOS 578 FRIDAY ROAD QUINCY, FL 32352	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARDOZA, JOSE 578 FRIDAY ROAD QUINCY, FL 32352	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800249608928 07/09/13--01007--008 **377.50	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JUL 09 2013 T. CAULEY	
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: <u>Carlos Alas</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>DATE</small>	
<small>DATE</small>				<small>E-MAIL ADDRESS</small>	