


2015 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L11000077671

1. Entity Name
CARLOS ALAS DRYWALL OF GADSDEN LLC



Principal Place of Business
578 FRIDAY ROAD
QUINCY, FL 32352

Mailing Address
P.O. BOX 27
MIDWAY, FL 32343 US

000268633400
01/22/15--01002--002 **377.50



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01212015 REIN-LLC CR2E101 (12/11)

City & State

4. FEI Number
26-3982004

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ALAS, CARLOS
578 FRIDAY ROAD
QUINCY, FL 32352

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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 Carlos Alas
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2016, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
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	MGRM CONTRERAS, JUAN CARLOS 578 FRIDAY ROAD QUINCY, FL 32352 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARDOZA JOSE 578 FRIDAY ROAD QUINCY, FL 32352 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tony de Jesus Alas <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 620 Edwin Clark Rd. Quincy Fl. 32352 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSCAR VIVA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 578 Friday Rd Quincy Fl. 32352 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tony Alas

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 15 JAN 22 PM 4:05
 RECEIVED