


# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L13000086379	
1. Entity Name BYRD'S CUSTOM CARPENTRY AND FLOORING LLC	

14 OCT -6 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 163 PETE BYRD RD PONCE DE LEON, FL 32455	Mailing Address 163 PETE BYRD RD PONCE DE LEON, FL 32455
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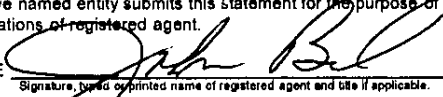
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 7926 Dalamberte St	Suite, Apt. #, etc. SAME
City & State Sneads FL	City & State SAME
Zip 32460	Country USA

10062014 REIN-LLC CR2E101 (12/11)

6. Name and Address of Current Registered Agent  BYRD, JOHN 163 PETE BYRD RD PONCE DE LEON, FL 32455	7. Name and Address of New Registered Agent Name John Byrd Street Address (P.O. Box Number is Not Acceptable) 7926 Dalamberte St City Sneads FL Zip Code 32460
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4. FEI Number 46-2979198	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 	DATE

FILE NOW!!! FEE IS \$238.75 After January 1, 2015, 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 NAME STREET ADDRESS CITY - ST - ZIP	MGR BYRD, JOHN 163 PETE BYRD RD PONCE DE LEON, FL 32455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. BYRD JOHN 7926 DALAMBERTE ST Sneads FL 32460 <input checked="" 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	70026509458 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/06/14--01002--011 **238.75
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

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 	Date 10/6	E-MAIL ADDRESS jbyrd4915@gmail.com
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