


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
2005 MAY 11 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000053457</b> 1. Entity Name <b>L&amp;P LLC</b>	
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Principal Place of Business <b>8843 BEN ROWE ROAD MACCLENNY, FL 32063 US</b>	Mailing Address <b>P.O. BOX 342 GLEN ST. MARY, FL 32040 US</b>
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2. Principal Place of Business <b>8843 BEN ROWE RD</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 342</b> Suite, Apt. #, etc.
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City & State <b>MACCLENNY, FL</b>	City & State <b>GLEN ST. MARY</b>	4. FEI Number Applied For <input checked="" type="checkbox"/> NOT Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
Zip <b>32063</b>	Country <b>BAKER</b>	Zip <b>FL</b>	Country <b>32040</b>

6. Name and Address of Current Registered Agent  <b>GRIFFIS, HAROLD L JR. 8843 BEN ROWE ROAD MACCLENNY, FL 32063</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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: Harold L. Griffis Jr. DATE: 04/29/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	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	<b>MGR GRIFFIS, HAROLD L JR. 8843 BEN ROWE ROAD MACCLENNY, FL 32063</b> <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	<b>MGR BECK, LEON P 9499 ASH ROAD MACCLENNY, FL 32063</b> <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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Harold L. Griffis DATE: 04/29/05 DAYTIME PHONE #: 591-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE