

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000005411

1. Entity Name  
FRIDAY CONSTRUCTION, L.L.C.



SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JAN 18 AM 11:04

Principal Place of Business  
70 ADAMS STREET  
MOBILE, AL 36602

Mailing Address  
70 ADAMS STREET  
MOBILE, AL 36602

2. Principal Place of Business  
1444 WILB SERVICE RD  
Suite, Apt. #, etc.

3. Mailing Address  
1444 WILB SERVICE RD  
Suite, Apt. #, etc.

10312005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
58-2583043

Applied For  
Not Applicable

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

City & State  
MOBILE, AL  
Zip  
36693  
Country  
USA

City & State  
MOBILE, AL  
Zip  
36693  
Country  
USA

## 6. Name and Address of Current Registered Agent

MCGILL, ROBERT E III  
36008 EMERALD COAST PARKWAY, SUITE 301  
DESTIN, FL 32541

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-06-06

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$200.00**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BELL, C. THURMON  
70 ADAMS ST  
MOBILE, AL 36602 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
COMMISKEY, MICHAEL  
P.O. BOX 1446  
PASCAGOULA, MS 39568 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SILVERSTEIN, JERRY  
2321 AIRPORT BLVD.  
MOBILE, AL 36606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100065075101  
02/02/06--01020--003 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100065075101  
02/02/06--01020--004 \*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
REINSTATEMENT 05-06 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

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

C. THURMON BELL

12/13/05

Date

251-666-6667

Daytime Phone #