

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000010645

**FILED**  
**Jan 22, 2007**  
**Secretary of State**

**Entity Name:** TURNER BUILDING CONTRACTORS LLC

**Current Principal Place of Business:**

2121 CEMETERY RD.  
HOLIDAY, FL 34691

**New Principal Place of Business:**

18606 ALEXSON ST.  
SPRING HILL, FL 34610

**Current Mailing Address:**

2121 CEMETERY RD.  
HOLIDAY, FL 34691

**New Mailing Address:**

P.O. BOX 3823  
HOLIDAY, FL 34692

**FEI Number:** 59-3668451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TURNER, GARY  
2121 CEMETERY ROAD  
HOLIDAY, FL 34691 US

**Name and Address of New Registered Agent:**

TURNER, GARY  
18606 ALEXSON ST.  
SPRING HILL, FL 34610 US

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.

SIGNATURE: GARY M. TURNER

01/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TURNER, GARY  
Address: 2121 CEMETERY RD.  
City-St-Zip: HOLIDAY, FL 34691

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TURNER, GARY  
Address: 18606 ALEXSON  
City-St-Zip: SPRING HILL, FL 34610

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY M. TURNER

MGRM

01/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date