

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000019440 1. Entity Name TAMCO CONSTRUCTION SUPPORT, LLC						FILED 04 NOV 23 PM 12:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10522 FAYE WAY TALLAHASSEE, FL 32317 US				Mailing Address 10522 FAYE WAY TALLAHASSEE, FL 32317 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 12573 Suite, Apt. #, etc.					
City & State		City & State TALLAHASSEE / FLA.		4. FEI Number 50-0004820		☐ Applied For ☒ Not Applicable	
Zip 32308		Country U.S.A.		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MASSEY, JAMES D 10522 FAYE WAY TALLAHASSEE, FL 32317				7. Name and Address of New Registered Agent Name TODD A. MCGEE Street Address (P.O. Box Number is Not Acceptable) 10522 FAYE WAY City TALLAHASSEE FL Zip Code 32317			
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 <u><i>Todd A. McGee</i></u> 11/23/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		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			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGEE, TODD A 10522 FAYE WAY TALLAHASSEE, FL 32317 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASSEY-MCGEE, GLORIA R 10522 FAYE WAY TALLAHASSEE, FL 32317 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASSEY, JAMES D 10522 FAYE WAY TALLAHASSEE, FL 32317 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DARRELL RICHARDSON 5845 NW 14th STREET SUNRISE, FLA. 33313 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			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: <u><i>Todd A. McGee</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				11/23/04 Date		850-321-1320 Daytime Phone #	