

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000027472

FILED
Oct 28, 2008
Secretary of State

Entity Name: JANSEN CONSTRUCTION SERVICES, LLC

Current Principal Place of Business:

341 SAND PINE BLVD.
VENICE, FL 34292 US

New Principal Place of Business:

Current Mailing Address:

341 SAND PINE BLVD.
VENICE, FL 34292 US

New Mailing Address:

FEI Number: 02-0648414 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JANSEN, SUSAN
1153 DERIAN PL
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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: SUSAN JANSEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JANSEN, SUSAN
Address: 1153 DERIAN PL
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM () Delete
Name: JANSEN, PHILLIP
Address: 1153 DERIAN PL
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM () Delete
Name: JANSEN, TRAVIS
Address: 350 DRAGON RD.
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN JANSEN

MGR

10/28/2008

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