

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000027472

FILED
Nov 12, 2009
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: JOHN P. JANSEN

PRES

11/12/2009

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