

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000015131

FILED
Sep 27, 2005
Secretary of State

Entity Name: STABILITY CONSTRUCTION, LLC

Current Principal Place of Business:

13792 FERN TRAIL DR
NORTH FT MYERS, FL 33903 US

New Principal Place of Business:

1815 SW 1ST AVENUE
CAPE CORAL, FL 33991 US

Current Mailing Address:

13792 FERN TRAIL DR
NORTH FT MYERS, FL 33903 US

New Mailing Address:

1815 SW 1ST AVENUE
CAPE CORAL, FL 33991 US

FEI Number: 58-2667648 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

FLINDERS, ROBERT T
13792 FERN TRAIL DRIVE
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

FLINDERS, ROBERT T
1815 SW 1ST AVENUE
CAPE CORAL, FL 33991 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: TODD FLINDERS

09/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLINDERS, R. TODD
Address: 13792 FERN TRAIL DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLINDERS, R. TODD
Address: 1815 SW 1ST AVENUE
City-St-Zip: CAPE CORAL, FL 33991 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD FLINDERS

MGR

09/27/2005

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