

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000015131

FILED
Sep 20, 2006
Secretary of State

Entity Name: STABILITY CONSTRUCTION, LLC

Current Principal Place of Business:

1815 SW 1ST AVENUE
CAPE CORAL, FL 33991 US

New Principal Place of Business:

1207 SE 6TH STREET
CAPE CORAL, FL 33990 US

Current Mailing Address:

1815 SW 1ST AVENUE
CAPE CORAL, FL 33991 US

New Mailing Address:

1207 SE 6TH STREET
CAPE CORAL, FL 33990 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
1815 SW 1ST AVENUE
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

FLINDERS, ROBERT T
1207 SE 6TH STREET
CAPE CORAL, FL 33990 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: ROBERT TODD FLINDERS

09/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLINDERS, R. TODD
Address: 1207 SE 6TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

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: ROBERT TODD FLINDERS

MGRM

09/20/2006

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