

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000032419

FILED
Jan 18, 2005
Secretary of State

Entity Name: PYXIS CONTRACTING COMPANY, LLC

Current Principal Place of Business:

PO BOX 255
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

PO BOX 255
PARRISH, FL 34219

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLINE, JEFF C
14895 US HWY 301 N.
PARRISH, FL 34219 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: JEFF C CLINE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WARD, MARGARET E
Address: 4566 LONGWATER CHASE
City-St-Zip: SARASOTA, FL 34235

Title: MGR () Delete
Name: WARD, KERRY R
Address: 4566 LONGWATER CHASE
City-St-Zip: SARASOTA, FL 34235

Title: MGR () Delete
Name: CLINE, JEFF C
Address: PO BOX 255
City-St-Zip: PARRISH, FL 34219

Title: MGR () Delete
Name: CLINE, ROSA E
Address: PO BOX 255
City-St-Zip: PARRISH, FL 34219

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:

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

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: JEFF C CLINE

MGR

01/18/2005

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