


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 OCT 17 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
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| DOCUMENT # L03000044546 |  |
| 1. Entity Name RODRIGUEZ CONSTRUCTION LLC | |

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|---|---|
| Principal Place of Business 10105 NORTH ANNETTE AVENUE TAMPA, FL 33612 US | Mailing Address 10105 NORTH ANNETTE AVENUE TAMPA, FL 33612 US |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

09162005 REIN-LLC CR2E101 (6/04)

4. FEI Number
32-0098887

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

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|---|--|
| 6. Name and Address of Current Registered Agent RODRIGUEZ, NORMAN 10105 NORTH ANNETTE AVENUE TAMPA, FL 33612 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE NORMAN RODRIGUEZ (NOTE: Registered Agent signature required when reinstating) DATE 9/16/05

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| FILE NOW!!! FEE IS \$100.00 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
|-----------------------------|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>President</u> <u>Norman Rodriguez</u> <u>1005 N. Annette Ave.</u> <u>Tampa, Fl. 33612</u> <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: NORMAN RODRIGUEZ DATE 9/16/05 (813) 493-5035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAYTIME PHONE #