

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR -7 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02272007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L03000044546	
1. Entity Name RODRIGUEZ CONSTRUCTION LLC	

Principal Place of Business 10105 NORTH ANNETTE AVENUE TAMPA, FL 33610 US	Mailing Address 10105 NORTH ANNETTE AVENUE TAMPA, FL 33610 US
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip
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6. Name and Address of Current Registered Agent  RODRIGUEZ, NORMAN 10105 NORTH ANNETTE AVENUE TAMPA, FL 33610	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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.	4. FEI Number 32-0098887	Applied For Not Applicable
SIGNATURE <u>Norman Rodriguez</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	DATE <u>3/1/07</u>

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, NORMAN 10105 NORTH ANNETTE AVENUE TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Norman Rodriguez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>3/1/07</u>	DAYTIME PHONE # <u>(813) 493-5035</u>
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