

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000048626

**FILED**  
**Oct 18, 2005**  
**Secretary of State**

**Entity Name:** ROBBIE BLANTON CONSTRUCTION, LLC

**Current Principal Place of Business:**

2439 SILVER LAKE ROAD  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

1648 WILLIAMS LANDING RD.  
TALLAHASSEE, FL 32310

**Current Mailing Address:**

2439 SILVER LAKE ROAD  
TALLAHASSEE, FL 32310

**New Mailing Address:**

1648 WILLIAMS LANDING RD.  
TALLAHASSEE, FL 32310

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLANTON, ROBBIE  
2439 SILVER LAKE ROAD  
TALLAHASSEE, FL 32310 US

**Name and Address of New Registered Agent:**

BLANTON, ROBBIE W OWNER  
1648 WILLIAMS LANDING RD.  
TALLAHASSEE, FL 32310 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: ROBBIE BLANTON

10/18/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BLANTON, ROBBIE  
Address: 2439 SILVER LAKE ROAD  
City-St-Zip: TALLAHASSEE, FL 32310

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BLANTON, ROBBIE  
Address: 1648 WILLIAMS LANDING RD.  
City-St-Zip: TALLAHASSEE, FL 32310

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: ROBBIE BLANTON /MANAGER

MGRM

10/18/2005

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