

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000049495

**FILED**  
**Feb 20, 2007**  
**Secretary of State**

**Entity Name:** SISSON CONSTRUCTION LLC

**Current Principal Place of Business:**

302 SWALLOW AVE  
SEBRING, FL 33872

**New Principal Place of Business:**

32 PEACEFUL PLACE  
LORIDA, FL 33857

**Current Mailing Address:**

302 SWALLOW AVE  
SEBRING, FL 33872

**New Mailing Address:**

32 PEACEFUL PLACE  
LORIDA, FL 33857

**FEI Number:** 59-3107621      **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:**

SISSON, VERN E  
302 SWALLOW AVE  
SEBRING, FL 33872      US

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

SISSON, VERN E  
32 PEACEFUL PLACE  
LORIDA, FL 33857      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: VERN E SISSON

02/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SISSON, VERN E  
Address: 302 SWALLOW AVE  
City-St-Zip: SEBRING, FL 33872

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: SISSON, VERN E  
Address: 32 PEACEFUL PLACE  
City-St-Zip: LORIDA, FL 33857

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: VERN E SISSON

MGR

02/20/2007

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