

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000053566

1. Entity Name  
DOUGIE & THE BOYZ CONSTRUCTION, L.L.C.



Principal Place of Business  
101 TINNELL RD  
MONTICELLO, FL 32344

Mailing Address  
101 TINNELL RD  
MONTICELLO, FL 32344

FILED

05 MAR 28 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03282005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
20-0490154

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GLOVER, RICHARD A  
1809 MICCOSUKEE COMMONS DR  
SUITE 108  
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name Douglas R. Stanley  
Street Address (P.O. Box Number is Not Acceptable)  
101 Tinnell Rd.  
City Monticello FL Zip Code 32344

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-05

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 MGRM  
NAME STANLEY, DOUGLAS R  
STREET ADDRESS 101 TINNELL RD  
CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM  
NAME STANLEY, JOSHUA D  
STREET ADDRESS 101 TINNELL RD  
CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM  
NAME STANLEY, WB  
STREET ADDRESS 101 TINNELL RD  
CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
800049274248  
03/28/05--01004--024 \*\*100.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
REINSTATEMENT 2004-05

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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

3-28-05

Date

850-544-0628

Daytime Phone #