

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000054187

FILED
Oct 05, 2006
Secretary of State

Entity Name: R A LUHTA CONSTRUCTION LLC

Current Principal Place of Business:

4199 SW CHEROKEE ST
PALM CITY, FL 34990 US

New Principal Place of Business:

3600 SE MARIPOSA AVENUE
25
PORT ST. LUCIE, FL 34952 US

Current Mailing Address:

4199 SW CHEROKEE ST
PALM CITY, FL 34990 US

New Mailing Address:

3600 SE MARIPOSA AVENUE
25
PORT ST. LUCIE, FL 34952 US

FEI Number: 45-0535247 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

LUHTA, RAYMOND JR A
4199 SW CHEROKEE ST
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

LUHTA, RAYMOND JR A
3600 SE MARIPOSA AVENUE
25
PORT ST. LUCIE, FL 34952 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: RAYMOND LUHTA

10/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LUHTA, RAYMOND JR A
Address: 4199 SW CHEROKEE ST
City-St-Zip: PALM CITY, FL 34990 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LUHTA, RAYMOND JR A
Address: 3600 SE MARIPOSA AVENUE #25
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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: RAY LUHTA

MGR

10/05/2006

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