

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000055393

**FILED**  
**Mar 25, 2008**  
**Secretary of State**

**Entity Name:** CANARAY CONSTRUCTION SERVICES, LLC

**Current Principal Place of Business:**

411 SE 7TH STREET  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

3233 NW 12TH TER  
GAINESVILLE, FL 32609

**Current Mailing Address:**

P.O. BOX 191  
MELROSE, FL 32666

**New Mailing Address:**

FEI Number: 04-3790560      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:**

RAYMOND, JUDITH L  
411 SE 7TH STREET  
GAINESVILLE, FL 32601      US

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

RAYMOND, JUDITH L  
3233 NW 12TH TER  
GAINESVILLE, FL 32609      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: JUDITH RAYMOND

03/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: RAYMOND, JUDITH L  
Address: 411 SE 7TH STREET  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: RAYMOND, JUDITH L  
Address: 3233 NW 12TH TER  
City-St-Zip: GAINESVILLE, FL 32609

I hereby certify that the information supplied with this filing does not qualify 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: JUDITH RAYMOND

MGR

03/25/2008

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