2008 LIMITED LIABILITY COMPANY

FILED Jan 11, 2008 08:00 A Secretary of State

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| | | |
| DOCUMENT # L03000056884 | | |

1. Entity Name SMOYER CONSTRUCTION CO., LLC



Principal Place of Business

3503 GULF COAST DR. SPRING HILL, FL 34607 Mailing Address

3503 GULF COAST DR. SPRING HILL, FL. 34607



01072008 No Chg-LLC

CR2E083 (12/07)

| 4. | FEI Number 26-5066453 | |
|----|-------------------------------|------|
| 5. | Certificate of Status Desired | \$ |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

| 6. | Name | and A | ddress | of Cun | rent Ro | gisten | ed Agent |
|----|------|-------|--------|--------|---------|--------|----------|
| | | | | | | | |

DO NOT WRITE IN THIS SPACE

SMOYER, GEORGE R III 3503 GULF COAST DR. SPRING HILL, FL 34607

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE

| | | IN 1 | IN THIS SPACE | | |
|-------------------|---|--|---|--|--|
| | named entity submits this statement for the purpose of cher tions of registered agent. | nging its registered office or registered agent, or bo | th, in the State of Florida. I am familiar with, and eccept | | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable, | (NOTE: Registered Agent signature required when reinstating) | DATE | | |
| FILE After May | NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | · · · · · · · · · · · · · · · · · · · | | |
| TITLE | MGRM | | | | |
| NAME | SMOYER, GEORGE R III | | | | |
| STREET ADDRESS | 3503 GULF COAST DR. | 1 | • | | |
| CITY-ST-ZIP | SPRING HILL, FL 34607 | i | | | |
| TITLE | | | | | |
| NAME | | | 100000779114 | | |
| STREET ADDRESS | | · | 01/11/08-80025-015 138.75 | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | | | |
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| TITLE | | | 1 | | |
| NAME | | į. | ļ | | |
| STREET ADDRESS | | | i | | |

11. 1 hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF EIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE