

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000057154

Entity Name: C4 CONSTRUCTION L.L.C.

FILED  
Oct 14, 2004  
Secretary of State

## Current Principal Place of Business:

232 WHITE ST.  
3  
NICEVILLE, FL 32578

## New Principal Place of Business:

450 CAVIAR DR.  
FT. WALTON BEACH, FL 32548

## Current Mailing Address:

232 WHITE ST.  
3  
NICEVILLE, FL 32578

## New Mailing Address:

450 CAVIAR DR.  
FT. WALTON BEACH, FL 32548

FEI Number: 20-0528761      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:

HOFFMAN, JOHN  
232 WHITE ST.  
3  
NICEVILLE, FL 32578 US

## Name and Address of New Registered Agent:

HOFFMAN, JOHN  
450 CAVIAR DR.  
FT. WALTON BEACH, FL 32548      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: JOHN HOFFMAN

10/14/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR      ( ) Delete  
Name: HOFFMAN, JOHN  
Address: 232 #3 WHITE ST.  
City-St-Zip: NICEVILLE, FL 32578

Title: MGR      ( ) Delete  
Name: ELIASSON, ERIC  
Address: 232 #3 WHITE ST.  
City-St-Zip: NICEVILLE, FL 32578

Title: MGR      ( ) Delete  
Name: COATES, BRANDON  
Address: 232 #3 WHITE ST.  
City-St-Zip: NICEVILLE, FL 32578

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: HOFFMAN, JOHN  
Address: 450 CAVIAR DR.  
City-St-Zip: FT. WALTON BEACH, FL 32548

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN HOFFMAN

MGR

10/14/2004

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