

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000057215

**FILED**  
**Sep 05, 2010**  
**Secretary of State**

**Entity Name:** BLADES CONSTRUCTION, LLC

**Current Principal Place of Business:**

1217 TWIN LAKES AVE.  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

1217 TWIN LAKES AVE.  
NOKOMIS, FL 34275

**New Mailing Address:**

**FEI Number:** 20-0553919

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATTHEWS, TIM  
1217 TWIN LAKES AVE.  
NOKOMIS, FL 34275 US

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

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:** TIM MATTHEWS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** MATTHEWS, TIMOTHY S  
**Address:** 1217 TWIN LAKES AVE  
**City-St-Zip:** NOKOMIS, FL 34275

I hereby 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:** TIM MATTHEWS

P

09/05/2010

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