

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000003222

FILED
Oct 18, 2007
Secretary of State

Entity Name: GARY F. AVEY GENERAL CONTRACTOR, LLC

Current Principal Place of Business:

12120 ORANGE GROVE BLVD.
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

12120 ORANGE GROVE BLVD.
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 20-0639071 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

AVEY, GARY
12120 ORANGE GROVE BLVD
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

AVEY, GARY F
12120 ORANGE GROVE BLVD
WEST PALM BEACH, FL 33411 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: GARY F. AVEY

10/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AVEY, GARY F
Address: 12120 ORANGE GROVE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ST () Delete
Name: AVEY, GARY F
Address: 12120 ORANGE GROVE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES:

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 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: GARY F. AVEY

MGR

10/18/2007

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