## 1

## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000009600

1. Entity Name
A.B. CONSTRUCTION L.L.C.



SECRETARY OF STATE OF CORPORATIONS

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150,000

				443	
Principal Place of Business 5291 COLLINS ROAD LOT #95 JACKSONVILLE, FL 32244 US		Mailing Address 5291 COLLINS ROAD LOT #95 JACKSONVILLE, FL 32244 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10132006 REIN-LLC CR2E101 (11/05)	
City & State		City & State		4. FEI Number Applied For 20-0698703 Not Applica	
Zlp	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent	
	ABOUTE W. ID		Name	•	
BREWER, ARCHIE W JR 5291 COLLINS ROAD LOT #95			Street Addr	dress (P.O. Box Number is Not Acceptable)	
JACKSON	VILLE, FL 32244				
			City	FL Zip Code	
	named entity submits this statement for ions of registered agent.  Button Breun.  Signature, typed or printed name of registered agent a	who ARch	lie Wi	BREWER JR, 10-26-06  DATE	pt
FILE NOWIII FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00				Make check payable to Florida Department of State	
9.	MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BREWER, ARCHIE W JR 5291 COLLINS ROAD, LOT #95 JACKSONVILLE, FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500081391285	tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	tion
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  FILE  CITY-ST-ZIP	STATEMENT 2006	tion

113 I 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: ARCHIC W. BROWE JR. Clish L. Brown SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE