## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L04000021861

Entity Name: F.C.S. CONTRACTING LLC

764 MARLINSPIKE DRIVE

PENSACOLA, FL 32506

Address:

City-St-Zip:

FILED Nov 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 118 VAUGHN AVE. CANTONMENT, FL 32533 US **Current Mailing Address: New Mailing Address:** 118 VAUGHN AVE CANTONMENT, FL 32533 US FEI Number: 16-1680582 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: Name and Address of New Registered Agent: UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 336123425 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: UNITED STATES CORPORATION AGENTS Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ZBRANKOVA, KLARA Name: Name: 4600 LONG ST. #3 Address: Address: City-St-Zip: PENSACOLA, FL 32504 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WILDMAN, PATRIK Name: Name: Address: 4600 LONG ST. #3 Address: City-St-Zip: PENSACOLA, FL 32504 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WILDMAN, MILAN Name: Name: Address: 4600 LONG ST. #3 Address: City-St-Zip: PENSACOLA, FL 32504 US City-St-Zip: Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition HOOPER, WILLIAM R Name: CERMAK, TOMAS Name: Address: 1614 DEES ROAD Address: 118 VAUGHN AVE. City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: CANTONMENT, FL 32533 Title: MGRM () Delete Title: () Change () Addition MOHYLA, JIRI Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: PATRIK WILDMAN MGRM 11/22/2009