

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000029474

FILED
Feb 15, 2007
Secretary of State

Entity Name: Q.C. MANAGEMENT & SPEEGLE CONSTRUCTION, LLC

Current Principal Place of Business:

210 GOVERNMENT AVE.
NICEVILLE,, FL 32578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1325
NICEVILLE, FL 32588 US

New Mailing Address:

FEI Number: 27-0088208 **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:

SPEEGLE CONSTRUCTION, INC
210 GOVERNMENT AVE.
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

SPEEGLE, TROY D
210 GOVERNMENT AVE.
NICEVILLE, FL 32578 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: TROY D SPEEGLE

02/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NGO, QUYNH
Address: 7563 PHILLIPS HWY, STE. 2L2
City-St-Zip: JACKSONVILLE,, FL 32256 US

Title: MGR () Delete
Name: SPEEGLE, TROY D
Address: 210 GOVERNMENT AVENUE
City-St-Zip: NICEVILLE, FL 32578

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 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: TROY D SPEEGLE

MGR

02/15/2007

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