

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000029983

FILED
Nov 23, 2005
Secretary of State

Entity Name: ANDY GAY'S CONCRETE AND MASONARY LLC

Current Principal Place of Business:

7871 NW 165 STREET
TRENTON, FL 32693

New Principal Place of Business:

Current Mailing Address:

7871 NW 165 STREET
TRENTON, FL 32693

New Mailing Address:

FEI Number: 01-0812267 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:

Name and Address of New Registered Agent:

GAY, ANDY
7871 NW 165 STREET
TRENTON, FL 32693 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: ANDREW GAY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAY, ANDY
Address: PO BOX 1387
City-St-Zip: TRENTON, FL 32693

Title: MGRM (X) Delete
Name: JONS, JEFF
Address: PO BOX 206
City-St-Zip: OLD TOWN, FL 32628

Title: MGRM (X) Delete
Name: SIMS, LONNIE
Address: PO BOX 2222
City-St-Zip: CHIEFLAND, FL 32644

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Section 119.07(3)(i), 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: ANDREW GAY

OWNE

11/23/2005

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