

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000029983

FILED
Mar 02, 2007
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:

33916 SABAL WAY
LEESBURG, FL 34788

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:

GAY, ANDY
7871 NW 165 STREET
TRENTON, FL 32693 US

Name and Address of New Registered Agent:

GAY, ANDY
33916 SABAL WAY
LEESBURG, FL 34788 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: ANDY GAY

03/02/2007

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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GAY, ANDY
Address: P O BOX 1121
City-St-Zip: TAVARES, FL 32778

Title: MGRM () Change (X) Addition
Name: HILL, SHANE T
Address: 33916 SABAL WAY
City-St-Zip: LEESBURG, FL 34788

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: ANDY GAY

MGRM

03/02/2007

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