

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000068007

1. Entity Name
HAROLD DUNN CONSTRUCTION LLC



FILED

06 SEP -5 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1749 LOWER BRIDGE RD.
CRAWFORDVILLE, FL 32327

Mailing Address
1749 LOWER BRIDGE RD.
CRAWFORDVILLE, FL 32327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09052006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNN, HAROLD
1749 LOWER BRIDGE RD.
CRAWFORDVILLE, FL 32327

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Harold A. Dunn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/5/06

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
DUNN, HAROLD
STREET ADDRESS
1749 LOWER BRIDGE RD.
CITY-ST-ZIP
CRAWFORDVILLE, FL 32327

☐ Delete

TITLE
NAME
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CITY-ST-ZIP
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☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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:

Harold A. Dunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/5/06

Date

Daytime Phone #

REINSTATEMENT

05-06

9-5-06