2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# L04000077888

Entity Name: NORTHERN LIGHTS CONSTRUCTION & DEVELOPMENT, L.L.C.

Current Principal Place of Business:

30 OCEAN WOODS DRIVE EAST
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

221 GOLDEN OAKS LANE
ST. AUGUSTINE, FL 32080

Current Mailing Address:

30 OCEAN WOODS DRIVE EAST
ST. AUGUSTINE, FL 32080

New Mailing Address:

221 GOLDEN OAKS LANE
ST. AUGUSTINE, FL 32080

FEI Number: 76-0770584 **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:

MOYER, AARON R
30 OCEAN WOODS DRIVE EAST
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MOYER, AARON R
221 GOLDEN OAKS LANE
ST. AUGUSTINE, FL 32080 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: AARON MOYER 03/07/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MOYER, AARON R
Address: 30 OCEAN WOODS DRIVE EAST
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MOYER, AARON R
Address: 221 GOLDEN OAKS LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

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: AARON MOYER MGR 03/07/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date