

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000078611

1. Entity Name
JOHN DAVENPORT CONCRETE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 AM 10:55

Principal Place of Business
4094 JACKSON COMMUNITY RD.
VERNON, FL 32462

Mailing Address
4094 JACKSON COMMUNITY RD.
VERNON, FL 32462

2. Principal Place of Business

4094 Jackson Comm Rd

3. Mailing Address

4094 Jackson Comm Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11012005 REIN-LLC CR2E101 (6/04)

City & State

Vernon FL

City & State

Vernon FL

4. FEI Number

64-3800270

Applied For

Not Applicable

Zip

32462

Country

WASH County

Zip

32462

Country

WASH County

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

DAVENPORT, JOHN LEWIS
4094 JACKSON COMMUNITY RD.
VERNON, FL 32462

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME DAVENPORT, JOHN
STREET ADDRESS 4094 JACKSON COMMUNITY RD.
CITY-ST-ZIP VERNON, FL 32462

TITLE
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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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

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

Date

Daytime Phone #

REINSTATEMENT 05-06

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1/28/06