

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

05 OCT -7 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |   |  |   |
|---|---|--|---|
| DOCUMENT # L04000085378   |   |  |   |
| 1. Entity Name<br>CHAOTIC CONSTRUCTION, LLC   |   |  |   |
| Principal Place of Business<br>1950 N. POINT BLVD., APT. #300<br>TALLAHASSEE, FL 32308  |   | Mailing Address<br>1950 N. POINT BLVD., APT. #300<br>TALLAHASSEE, FL 32308                                 |   |
| 2. Principal Place of Business  |   | 3. Mailing Address<br>P.O. Box 14001   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |
| City & State  |   | City & State<br>Tallahassee, FL 32317  |   |
| Zip   | Country   | Zip<br>32317   | Country<br>Leon   |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent  |   |
| WALSH, KEVIN<br>1950 N. POINT BLVD., APT. #300<br>TALLAHASSEE, FL 32308   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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<br>   |   | DATE   |   |
| FILE NOW!!! FEE IS \$50.00<br>After January 1, 2006, Fee will be \$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<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS  |   | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>WALSH, KEVIN<br>1950 N. POINT BLVD., APT. #300<br>TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  |   | Date: 10/01/05   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   | Daytime Phone #  |   |