

FILED


2010 DEC 29 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000000819

1. Entity Name  
AZTEC CONSTRUCTION L.L.C.



Principal Place of Business  
72 MARIE CRICLE  
CRAWFORDVILLE, FL 32327

Mailing Address  
72 MARIE CRICLE  
CRAWFORDVILLE, FL 32327

2. Principal Place of Business - No P.O. Box #  
70 Renee St.

3. Mailing Address  
70 Renee St

Suite, Apt. #, etc.

City & State  
Crawfordville, FL

City & State  
Crawfordville, FL

Zip  
32327

Country  
USA

Zip  
32327

Country  
USA



12292010 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent

BUCKEL, RANDY G  
72 MARIE CRICLE  
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name

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

70 Renee St

City  
Crawfordville FL Zip Code  
32327

4. FEI Number  
28-7707592

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

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 *Randy Buckel* (NOTE: Registered Agent signature required when reinstating) DATE 12/29/10

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2011, Fee will be \$377.50**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCKEL, RANDY G 72 MARIE CRICLE CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 70 Renee St Crawfordville, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800189093848 12/29/10--01020--009 **243.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT</b> 2010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition J. SAULSBERRY EXAMINER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DEC 29 2010</b>

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: *Randy Buckel* DATE: 12/29/10

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #