

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000009257

**FILED**  
**Mar 11, 2009**  
**Secretary of State**

**Entity Name:** GRAYMAN CONSTRUCTION MANAGEMENT SERVICE, LLC

**Current Principal Place of Business:**

3515 N.W. 37TH PLACE  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

7955 SW 195 ST  
CUTLER BAY, FL 33157

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

**Name and Address of New Registered Agent:**

MCNEILL, KEVIN A  
3515 N.W. 37TH PLACE  
GAINESVILLE, FL 32609 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: TGRAYMAN@HOTMAIL.COM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRAYMAN, TIMOTHY NEIL  
Address: 7955 SW 195 ST  
City-St-Zip: CUTLER BAY, FL 33157

Title: MGR ( ) Delete  
Name: LAING, JANETT A  
Address: 7955 SW 195 ST  
City-St-Zip: CUTLER BAY, FL 33157

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY GRAYMAN

MGR

03/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date