

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000015273

1. Entity Name  
OZZY CONSTRUCTION, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:55

Principal Place of Business  
15924 STAGS LEAP DRIVE  
LUTZ, FL 33559 US

Mailing Address  
15924 STAGS LEAP DRIVE  
LUTZ, FL 33559 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10132006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
42-1699799

Applied For  
Not Applicable

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

RAYMOND M. BLACKLIDGE, ATTORNEY AT LAW  
28810 FALLING LEAVES WAY  
WESLEY CHAPEL, FL 33543

Name HARSHADRAI. V. MISTRY  
Street Address (P.O. Box Number is Not Acceptable)  
P. O. BOX 46877  
17229 EMERALD CHASE DRIVE  
City TAMPA FL Zip Code 33647

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

HARSHADRAI  
V. MISTRY

10/23/2006.  
DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME CACIQUE, OSBALDO  
STREET ADDRESS 15924 STAGS LEAP DRIVE  
CITY-ST-ZIP LUTZ, FL 33559

TITLE ☐ Change ☐ Addition  
NAME 500081619995  
STREET ADDRESS 11/08/06--01018--011 \*\*200.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

OSBALDO CACIQUE  
MANAGING MEMBER

10/23/06

Date

Daytime Phone #

(917)

440-0818.