

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000015273

1. Entity Name
OZZY CONSTRUCTION, LLC



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

Mailing Address
15924 STAGS LEAP DRIVE
LUTZ, FL 33559 US

FILED

2007 DEC 06 PM 2: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12022007 REIN-LLC CR2E101 (1/07)

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

MISTRY, HARSHADRAI V
17229 EMERALD CHASE DRIVE
PO BOX 46877
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name MARGARETA DELGADO
Street Address (P.O. Box Number is Not Acceptable) 5916 High Street
City New Port Richey FL Zip Code 34652

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

(NOTE: Registered Agent signature required when reinstating)

12/1/07
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 400112898384
STREET ADDRESS 12/06/07--01031--007 ***155.00
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/1/07 919-4400818
Date Daytime Phone #