

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000024511

1. Entity Name
GARRISON CONSTRUCTION, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 12 AM 10:07

Principal Place of Business
519 I-30 EAST
SULFUR SPRINGS, TX 75482 US

Mailing Address
519 I-30 EAST
SULFUR SPRINGS, TX 75482 US

2. Principal Place of Business
171 STONY POINT

3. Mailing Address
SAME

City & State
SEBASTIAN, FL

Zip
32958

City & State

Zip

Country

10062006 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-2506538

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, 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
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
GARRISON, MIKE
519 I-30 EAST
SULFUR SPRINGS, TX 75482

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000080786440
10/12/06--01064--017 **50.00

TITLE
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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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-9-06 (772) 589-1384

Date

Daytime Phone #