## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000035597

City-St-Zip:

Entity Name: ALLMON CONSTRUCTION, LLC

FILED Mar 16, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
	MAIN STREET PARK, FL 32181	523 WEST MAIN STREET POMONA PARK, FL 32181 US		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	MAIN STREET PARK, FL 32181	523 WEST MAIN STREET POMONA PARK, FL 32181 US		
In accordan	: 57-1219488 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liability co I Address of Current Registered Agent:		Status Desired ( )	
523 WEST	MEGHAN E <sup>*</sup> MAIN STREET PARK, FL 32181 US			
	named entity submits this statement for the e of Florida.	purpose of changing its registered office or registe	ered agent, or both	
SIGNATUF	RE: MEGHAN E. ALLMON			
	Electronic Signature of Registered A	ent Date		
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete ALLMON, TIMOTHY A 523 WEST MAIN STREET POMONA PARK, FL 32181	Title: MGR (X) Change ( ) Add Name: ALLMON, TIMOTHY A Address: 523 WEST MAIN STREET City-St-Zip: POMONA PARK, FL 32181 US	lition	
Title: Name: Address: City-St-Zip:	MGRM () Delete REID, CHRISTOPHER P 523 WEST MAIN STREET POMONA PARK, FL 32181	Title: MGRM (X) Change ( ) Add Name: TENNANT, JR., TERRY L Address: 523 WEST MAIN STREET City-St-Zip: POMONA PARK, FL 32181 US	lition	
Title: Name: Address: City-St-Zip:	MGRM () Delete LEE, JESSE L 523 WEST MAIN STREET POMONA PARK, FL 32181	Title: MGRM (X) Change ( ) Add Name: LEE, JESSE L Address: 523 WEST MAIN STREET City-St-Zip: POMONA PARK, FL 32181 US	lition	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: MGRM ( ) Change (X) Add Name: LAURANGE, ERIC K Address: 523 WEST MAIN STREET City-St-Zip: POMONA PARK, FL 32181 US	lition	
Title: Name: Address:	( ) Delete	Title: MGRM ( ) Change (X) Add Name: ALLMON, MEGHAN E Address: 523 WEST MAIN STREET	lition	

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.

City-St-Zip: POMONA PARK, FL 32181 US

SIGNATURE: TIMOTHY A. ALLMON MGR 03/16/2009