2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# L05000048494

Entity Name: ART KUNZEMAN CONSTRUCTION COMPANY, LLC

Current Principal Place of Business:

482 GLENHAVEN DRIVE
DELTONA, FL 32738 US

New Principal Place of Business:

Current Mailing Address:

482 GLENHAVEN DRIVE
DELTONA, FL 32738 US

New Mailing Address:

FEI Number: 54-2173412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

BEACH, ALINA M
482 GLENHAVEN DRIVE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

KUNZEMAN, ARDELL L
482 GLENHAVEN DRIVE
DELTONA, FL 32738 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: ARDELL L KUNZEMAN 02/14/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BEACH, ALINA M
Address: 482 GLENHAVEN DRIVE
City-St-Zip: DELTONA, FL 32738 US

Title: MGR (X) Delete
Name: KUNZEMAN, ARDELL L
Address: 482 GLENHAVEN DRIVE
City-St-Zip: DELTONA, FL 32738 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KUNZEMAN, ARDELL L
Address: 482 GLENHAVEN DRIVE
City-St-Zip: DELTONA, FL 32738 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ARDELL L KUNZEMAN MGR 02/14/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date