2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000051451			FILED		
1. Entity Name JORDAN'S CONCRETE CONSTRUCTION LLC		W		-	·
wrong	wrong	13		2009 FEB -4	PM 4: 27
Principal Place of Business			ACCURATION OF STATE		
RT 3 BOX 184-C	Mailing Address RT 3 BOX 184-C LAKE BUTLER, FL 32054		<i>l</i>	SOUND TARY OF STATE FAILLAHASSEE, FLORWA	
2. Principal Place of Business No P.O. Box # 3. Mailing Address		3411			
4021110016 TAI	1081 VOGU 701			9167 83301 31631 81881 31187 159267 111 1691	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01132009 REIN-LLC	CR2E101 (1/07)	
City & State County Buttler	City & State Butter F1.		4. FEI Number 20-2932724	Applied For Not Applicate	
F1.3254 32054	Zip Country			5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Reg	
JORDAN, TONY E SR			ne		
9081 NW COUNTY RD 241 LAKE BUTLER, FL 32054			Street Address (P.O. Box Number is Not Acceptable)		
				•	
3		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 ittle if applicabile (NOTE: Registered Agent aignature required when reinstating) DATE					
FILE NOW!!! FEE IS \$277.50 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 MEMBER		10.		ADDITIONS/CH	HANGES Addition
NAME JORDAN, TONY E SR	Delete	NAME			Commission Commission
STREET ADDRESS 9081 NW COUNTY RD 241 CITY-ST-ZIP LAKE BUTLER, FL 32054		STREET ADDRE	SS		
TITLE	☐ Delete	TITLE	_		Change Addition
NAME Street address		NAME STREET ADDRE	ss I		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	CITY+ST-ZIP			<u>-</u>
TITLE NAME	☐ Delete	TITLE NAME		50014227 01/28/0901022	Change Addition
STREET ADDRESS		STREET ADDRE	ss	01/28/0901022	0ī3 *¥277.S0
CITY-ST-ZIP TITLE		CITY-ST-ZIP	-		☐ Change ☐ Addition
NAME		NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRES	SS		
TITLE	☐ Delete	TITL OF	A LANGE	ATENET O	Change Addition
NAME STREET ADDRESS		STREET ADDRES	es (Sept. 1888)	O Comment	8-05 A1
CiTY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME	☐ Delete	TITLE NAME			. Change 🗌 Additio
STREET ADDRESS CITY-ST-ZIP		STREET ADDRES	ss		
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 eath; 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: 1-21-09					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNIFIES MANAGER, OR AUTHORIZED REPRESENTATIVE Date Devision Priorie 9					