

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000051451

1. Entity Name
JORDAN'S CONCRETE CONSTRUCTION LLC



FILED

2009 FEB -4 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: RT 3 BOX 184-C LAKE BUTLER, FL 32054
Mailing Address: RT 3 BOX 184-C LAKE BUTLER, FL 32054

2. Principal Place of Business - No P.O. Box #
9081 NW COUNTY RD 241
3. Mailing Address
9081 NW COUNTY RD 241

Suite, Apt. #, etc.

City & State
Lake Butler FL

Zip Country
FL 32054 USA

01132009 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-2932724
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JORDAN, TONY E SR
9081 NW COUNTY RD 241
LAKE BUTLER, FL 32054

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
Tony E. Jordan Sr

(NOTE: Registered Agent signature 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 MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	JORDAN, TONY E SR	9081 NW COUNTY RD 241	LAKE BUTLER, FL 32054	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

1-21-09

REINSTATEMENT

08-09 AL