

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 16, 2008
Secretary of State

DOCUMENT# L05000051674

Entity Name: JM MASONRY LLC

Current Principal Place of Business:

930 E JOHNSON AVE
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

930 E JOHNSON AVE
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 61-1488539 **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:

Name and Address of New Registered Agent:

MUNOZ, MARGARITA
930 E JOHNSON AVE
PENSACOLA, FL 32514 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: MARGARITA MUNOZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: MUNOZ, MARGARITA
Address: 930 E JOHNSON AVE
City-St-Zip: PENSACOLA, FL 32514

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

Title: MGRM () Delete
Name: ESTEBAN IZAGUIRRE, JUAN
Address: 930 E JOHNSON AVE
City-St-Zip: PENSACOLA, FL 32514

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

Title: MGRM (X) Delete
Name: IZAGUIRRE, ALAN
Address: 8070 IRA DRIVE
City-St-Zip: PENSACOLA, FL 32514

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

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.

SIGNATURE: MARGARITA MUNOZ

MGRM

12/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date