


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000052552 1. Entity Name ARCHON CONSTRUCTION CO. LLC			
Principal Place of Business P.O. BOX 15486 TALLAHASSEE, FL 32317		Mailing Address P.O. BOX 15486 TALLAHASSEE, FL 32317	
2. Principal Place of Business - No P.O. Box # <u>2724 Capital Circle NE</u>		3. Mailing Address Suite, Apt. #, etc. <u>5</u>	
City & State <u>Tallahassee FL</u>		City & State <u>FL</u>	
Zip <u>32310</u>		Country <u>USA</u>	
4. FEI Number 09102007 REIN-LLC		CR2E101 (1/07) <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEATHERLY, JAMES F JR. 2727 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32310		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$100.00		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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEATHERLY, JAMES F SR. P.O. BOX 15486 TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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<div style="display: flex; justify-content: space-between;"> <div> REINSTATEMENT </div> <div> 2006-2007 </div> </div>			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>9-10-07</u> <small>Daytime Phone #</small>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

