2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 06, 2007
Secretary of State

DOCUMENT# L05000057909

Entity Name: CONTRACTORS NOTICE TO OWNER CO., LLC

Current Principal Place of Business:

366 S.E. CARDINAL TR.
STUART, FL 34997

New Principal Place of Business:

814 S.E. CAVERN AVE.
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

366 S.E. CARDINAL TR.
STUART, FL 34997

New Mailing Address:

814 S.E. CAVERN AVE.
PORT SAINT LUCIE, FL 34983

FEI Number: 83-0468024 **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:

HAUTHAWAY, WILLIAM C
366 S.E. CARDINAL TR.
STUART, FL 34997 US

Name and Address of New Registered Agent:

HAUTHAWAY, WILLIAM C
814 S.E. CAVERN AVE.
PORT SAINT LUCIE, FL 34983 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: WILLIAM CARL HAUTHAWAY 11/06/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HAUTHAWAY, WILLIAM C
Address: 366 S.E. CARDINAL TR.
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HAUTHAWAY, WILLIAM C
Address: 814 S.E. CAVERN AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: WILLIAM CARL HAUTHAWAY MNGR 11/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date