

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000065649

1. Entity Name  
BROTHERS CONTRACTING, LLC



FILED

2008 NOV 12 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3220 W. GONZALES ST  
PENSACOLA, FL 32505 US

Mailing Address  
P. O. BOX 4597  
PENSACOLA, FL 32507 US

2. Principal Place of Business - No P.O. Box #  
3500 CREIGHTON Rd, K-8

3. Mailing Address  
3500 CREIGHTON Rd, K-8

Suite, Apt. #, etc.

11102008 REIN-LLC CR2E101 (1/07)

City & State  
PENSACOLA, FL

City & State  
PENSACOLA, FL

Zip  
32504

Country  
ESCAMBIA

Zip  
32504

Country  
ESCAMBIA

4. FEI Number  
20-3098922

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
RICHARDS, CHARLES T  
3220 W. GONZALES ST  
PENSACOLA, FL 32505

7. Name and Address of New Registered Agent  
Name  
RICHARDS, CHARLES  
Street Address (P.O. Box Number is Not Acceptable)  
3500 CREIGHTON Rd. K-8  
City  
PENSACOLA FL Zip Code  
32504

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After January 1, 2009, Fee will be \$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			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, CHARLES T		NAME	RICHARDS, CHARLES	
STREET ADDRESS	P.O. BOX 4597		STREET ADDRESS	3500 CREIGHTON Rd. K-8	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Delete	TITLE	700137857497	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	11/12/08--01047--009	
STREET ADDRESS			STREET ADDRESS	**138.75	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Charles Richards  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_