

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000065803

**FILED**  
**Nov 01, 2008**  
**Secretary of State**

**Entity Name:** SRB CONSTRUCTION SERVICES LLC

**Current Principal Place of Business:**

4953 SAN PABLO RD S  
1  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

**Current Mailing Address:**

4953 SAN PABLO RD S  
1  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

4953-1 SAN PABLO RD. S.  
1  
JACKSONVILLE, FL 32224 US

**FEI Number:** 84-1689072      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

BLAIR, DOUGLAS L  
4953 SAN PABLO RD S  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

BLAIR, DOUGLAS L  
4953-1 SAN PABLO RD. S.  
JACKSONVILLE, FL 32224 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: DOUGLAS L. BLAIR

11/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BLAIR, SHAWN R  
Address: 4943 SAN PABLO RD S  
City-St-Zip: JACKSONVILLE, FL 32224 US

**ADDITIONS/CHANGES:**

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: SHAWN R. BLAIR

MGR

11/01/2008

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