

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000066479

1. Entity Name  
CONSTRUCTION CONSULTANTS GROUP LLC



FILED

2008 DEC -9 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1800 MOODY BLVD., STE. LOT 913  
BUNNELL, FL 32110

Mailing Address  
1800 MOODY BLVD., STE. LOT 913  
BUNNELL, FL 32110

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12042008 REIN-LLC

CR2E101 (1/07)

4. FEI Number  
20-3163590

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, ANGELA K  
1800 OLD MOODY BLVD., STE. 913  
BUNNELL, FL 32110

Name Darrell Thomas

Street Address (P.O. Box Number is Not Acceptable)

65 Westchester LN

Palm Coast

City

FL

Zip Code  
32164

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

Signature, typed or printed name of registered agent and title if applicable.

(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 MGR  
NAME THOMAS, DARRELL D  
STREET ADDRESS 65 WESTCHESTER LN  
CITY-ST-ZIP PALM COAST, FL 32164 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300138696123  
12/08/08--01063--024 \*\*\*138.75

TITLE ST  
NAME THOMAS, DARRELL D  
STREET ADDRESS 65 WESTCHESTER LN  
CITY-ST-ZIP PALM COAST, FL 32164 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.