

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 29 AM 10:25

DOCUMENT # L05000068016

1. Entity Name
MB CONSTRUCTION LLC.

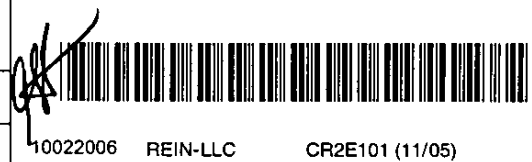


Principal Place of Business
10024 STRAFFORD OAK
802
TAMPA, FL 33624

Mailing Address
10024 STRAFFORD OAK
802
TAMPA, FL 33624

2. Principal Place of Business
23223 Club Villas dr
Suite, Apt. #, etc.

3. Mailing Address
23223 Club Villas dr
Suite, Apt. #, etc.



City & State
Land O Lakes FL

City & State
Land O Lakes FL

Zip
34639

Country
usa

Zip
34639

Country
usa

4. FEI Number
25-924044

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BISCHOFF, MATTHEW B SR
10024 STRAFFORD OAK
802
TAMPA, FL 33624

7. Name and Address of New Registered Agent
Name
Matthew Bischoff
Street Address (P.O. Box Number is Not Acceptable)
23223 Club Villas dr
City
Land O Lakes FL
Zip Code
34639

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 11-27-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BISCHOFF, MATTHEW B SR 10024 STRAFFORD OAK TAMPA, FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800082147618 11/29/06--01055--008 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 11-27-06 727-267-1376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #