


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000079881	
1. Entity Name STETLER CONSTRUCTION SERVICES LLC	

Principal Place of Business 2097 MISTLETOE CT. TALLAHASSEE, FL 32317 US	Mailing Address 2097 MISTLETOE CT. TALLAHASSEE, FL 32317 US
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2. Principal Place of Business - No P.O. Box # 4400 Hycrest Lane	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee FL	City & State
Zip 32309	Country

6. Name and Address of Current Registered Agent STETLER, ANDREW R 2097 MISTLETOE CT. TALLAHASSEE, FL 32317	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4400 Hycrest Lane City Tallahassee FL Zip Code 32309
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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 \$50.00 After January 1, 2008, Fee will be \$100.00	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STETLER, ANDREW R 2097 MISTLETOE CT. TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4400 Hycrest Lane <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tallahassee, FL 32309
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200109817752 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/24/07--01030--006 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 07 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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: Andrew R Stettin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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