

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000082454

1. Entity Name
STEVE EVANS BUILDERS LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 AM 9:20

Principal Place of Business
36 BULLARD ROAD
SANTA ROSA BEACH, FL 32459

Mailing Address
36 BULLARD ROAD
SANTA ROSA BEACH, FL 32459

2. Principal Place of Business - No P.O. Box #
268 W Shipwreck Rd
Suite, Apt. #, etc.

3. Mailing Address
268 W Shipwreck Rd
Suite, Apt. #, etc.



05052008 REIN-LLC CR2E101 (1/07)

City & State
Santa Rosa Beach FL
Zip 32459 Country USA

City & State
Santa Rosa Bch FL
Zip 32459 Country USA

4. FEI Number
APPLIED FOR 75-3249840
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, HARMON S MGRM
36 BULLARD ROAD
SANTA ROSA BEACH, FL 32459

7. Name and Address of New Registered Agent

Name HARMON S EVANS
Street Address (P.O. Box Number is Not Acceptable)

268 W Shipwreck Rd
City Santa Rosa Beach FL Zip Code 32459

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

(NOTE: Registered Agent signature required when reinstating)

5-1-08
DATE

FILE NOW!!! FEE IS \$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

TITLE MGRM
NAME EVANS, HARMON S
STREET ADDRESS 36 BULLARD ROAD
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 ☐ Delete

TITLE MGRM
NAME EVANS, JEAN C
STREET ADDRESS 36 BULLARD ROAD
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 ☐ Delete

TITLE MGRM
NAME ALLEN, JOHN D
STREET ADDRESS 36 BULLARD ROAD
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 268 W Shipwreck Rd
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 268 W Shipwreck Rd
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 268 W Shipwreck Rd
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 000129918240
CITY-ST-ZIP 05/21/08--01004--009 **282.50 ☐ Change ☐ Addition

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

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.

SIGNATURE: Harmon Stephen Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-1-08
Date

Daytime Phone #

REINSTATEMENT
w/p 07-08
Vltt