

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000085614

**FILED**  
**Oct 08, 2007**  
**Secretary of State**

**Entity Name:** A J CONSTRUCTION SERVICES LLC

**Current Principal Place of Business:**

405 S. DALE MABRY HWY  
151  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

405 S DALE MABRY HWY  
151  
TAMPA, FL 33609 US

**New Mailing Address:**

**FEI Number:** 74-3151710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
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:**

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

WHITE, JACQUELINE K  
405 S DALE MABRY HWY  
151  
TAMPA, FL 33626 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: JACQUELINE WHITE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR (X) Delete  
Name: WHITE, JACQUELINE K  
Address: 12116 SAN CHALIFORD CT  
City-St-Zip: TAMPA, FL 33626 US

Title: MGR ( ) Delete  
Name: SMITH, ENOCH A  
Address: 6903 RIVERRUN DR # 101  
City-St-Zip: TAMPA, FL 33617 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ENOCH SMITH

MGR

10/08/2007

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