

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000086803

FILED
Oct 05, 2006
Secretary of State

Entity Name: BUILDERS TECHNOLOGY LLC

Current Principal Place of Business:

5660 STRAND COURT
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

5660 STRAND COURT
NAPLES, FL 34110

New Mailing Address:

FEI Number: 59-3818411 **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:

SLAVICH, WILLIAM
5660 STRAND COURT
NAPLES, FL 34110 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: WILLIAM SLAVICH

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SLAVICH, WILLIAM
Address: 5660 STRAND COURT
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: MELSON, AMY
Address: 5660 STRAND COURT
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: MELSON, RICHARD B
Address: 5660 STRAND COURT
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

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

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 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: AMY MELSON

MGR

10/05/2006

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