


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000100312	
1. Entity Name LEGACY CONSTRUCTION, LLC	

Principal Place of Business 918 BUTTER OAKS CT. WINTER GARDEN, FL 34787	Mailing Address 918 BUTTER OAKS CT. WINTER GARDEN, FL 34787
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2. Principal Place of Business - No P.O. Box # 1216 Singleton Cir Suite, Apt. #, etc.	3. Mailing Address 1216 Singleton Cir Suite, Apt. #, etc.
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City & State Groveland	City & State Groveland
Zip 34736	Zip 34736
Country U.S.A.	Country U.S.A.

FILED
2007 OCT 30 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10242007 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent LAWSON, JEFFERY C 1111 GREENLEY AVE GROVELAND, FL 34736	7. Name and Address of New Registered Agent Name Lawson, Jeffery C. Street Address (P.O. Box Number is Not Acceptable) 1216 Singleton Cir City Groveland FL Zip Code 34736
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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 Jeffery C. Lawson (NOTE: Registered Agent signature required when reinstating) DATE 10-29-07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00	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 LAWSON, JEFFERY C 1111 GREENLEY AVE GROVELAND, FL 34736 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lawson, Jeffery C. 1216 Singleton Cir Groveland, FL 34736 <input checked="" 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	000111466930 10/30/07--01008--009 **150.00 <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
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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: Jeffery C. Lawson DATE 10-29-07 407-466-1384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE