

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000121762

1. Entity Name  
DARK WATER CONSTRUCTION LLC



**FILED**

11 NOV 30 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8264 SMITH CREEK HWY  
SOPCHOPPY, FL 32358

Mailing Address  
8264 SMITH CREEK HWY  
SOPCHOPPY, FL 32358



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11302011 REIN-LLC

CR2E101 (1/07)

4. FEI Number  
33-1128550

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEINLE, LUKE  
8264 SMITH CREEK HWY  
SOPCHOPPY, FL 32358

7. Name and Address of New Registered Agent

Name Jesse T Eddinger  
Street Address (P.O. Box Number is Not Acceptable)  
446 Whiston Lake Road  
City Crawfordville FL Zip Code 32327

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

11/30/11

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2012, Fee will be \$377.50**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
STEINLE, LUKE  
PO BOX 25  
SOPCHOPPY, FL 32358 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LANGFORD, EDWARD  
329 LAWHON MILL RD  
CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400214725074  
11/30/11--01002--001 \*\*238.75 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
EDDINGER, JESSE T  
115 MASHES SANDS ROAD  
PANACEA, FL 32346 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ 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:

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

11/30/11

(850) 728-4506

**REINSTATEMENT** 2011 SEM