

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90008 036 ****55.00

DOCUMENT # L06000010399 1. Entity Name REYNOLDS ELECTRICAL CONTRACTORS, LLC					
Principal Place of Business 8103 STIRRUP CAY CT BOYNTON BEACH, FL 33436 US			Mailing Address 8103 STIRRUP CAY CT BOYNTON BEACH, FL 33436 US		
2. Principal Place of Business - No P.O. Box # 7508 Colony Palm Dr. Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc			
City & State Boynton Beach, FL Zip 33436		City & State Zip Country USA		4. FE Number 20-4211439 Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				07052007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent REYNOLDS, BEN 8103 STIRRUP CAY CT BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name Reynolds, Ben Street Address 7508 Colony Palm Dr City Boynton Beach State FL Zip Code 33436		
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 <u><i>Ben Reynolds</i></u> 7/7/7					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM REYNOLDS, BEN 8103 STIRRUP CAY CT BOYNTON BEACH, FL 33436	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM Reynolds, Ben 7508 Colony Palm Dr Boynton Beach, FL 33436
☐ Change ☐ Addition		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM JACKIE O. REYNOLDS 7508 Colony Palm Dr Boynton Beach, FL 33436	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM JACKIE O. REYNOLDS 7508 Colony Palm Dr Boynton Beach, FL 33436
☐ Change ☐ Addition		☐ Change ☒ Addition			
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☐ Change ☐ Addition		☐ 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: <u><i>Ben Reynolds</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			7/7/7 561 719 0174		