

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000024590

**FILED**  
**Oct 29, 2008**  
**Secretary of State**

**Entity Name:** SOUTH CONSTRUCTION LLC

**Current Principal Place of Business:**

3291 WESTCHESTER SQUARE BLVD  
#104  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

3291 WESTCHESTER SQUARE BLVD  
#104  
ORLANDO, FL 32835 US

**New Mailing Address:**

**FEI Number:** 20-4541039 **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:**

MAI, MARKO  
3291 WESTCHESTER SQUARE BLVD  
#104  
ORLANDO, FL 32835 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: MARKO MAI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: MAI, MARKO  
Address: 3291 WESTCHESTER SQUARE BLVD #104  
City-St-Zip: ORLANDO, FL 32835 US

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

Title: MGRM ( ) Delete  
Name: LINDE, IMARS  
Address: 6801 WILKON DR # N 303  
City-St-Zip: ORLANDO, FL 32821 US

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: IMARS LINDE

MGRM

10/29/2008

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