
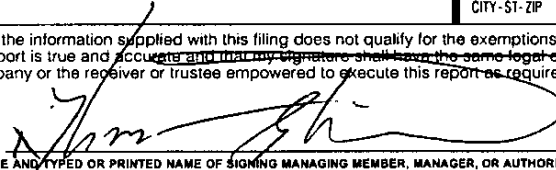


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 MAR 10 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000028130					
1. Entity Name ECONOMICAL CONCRETE WORKS LLC					
Principal Place of Business 907 COBLE DRIVE TALLAHASSEE, FL 32301			Mailing Address 907 COBLE DRIVE TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03102008 REIN-LLC CR2E101 (1/07)	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STRICKLAND, THOMAS L 907 COBLE DRIVE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRICKLAND, THOMAS C 907 COBLE DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
		500120747175 03/19/08--01035--021 **277.50			
		TITLE <i>Mgrm</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <i>Lester Davis</i> STREET ADDRESS <i>2117 Old Bainbridge Rd</i> CITY-ST-ZIP <i>Tallahassee FL 32303</i>			
		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
		TITLE <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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date _____ Daytime Phone # _____	

REINSTATEMENT

07-08