2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 16, 2009
Secretary of State

DOCUMENT# L06000028188

Entity Name: A & D'S CONSTRUCTION SERVICES LTD CO.

Current Principal Place of Business:

920 SW 111 AVE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

920 SW 111 AVE
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 20-5896640 **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:

TAX DEFENSE CENTER, INC
2350 W 84TH STREET
#18
HIALEAH, FL 33166 US

Name and Address of New Registered Agent:

TAX CENTER USA, CORP.
2350 W 84TH STREET
#18
HIALEAH, FL 33166 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: ELYSABET MONTANEZ 11/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FAGON, DEAN M
Address: 17620 NW 67 AVE
City-St-Zip: MIAMI, FL 33015

Title: VP ( ) Delete
Name: EDWARDS-FAGON, ANDRIA S
Address: 920 SW 111 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FAGON, DEAN M
Address: 920 SW 111 AVE.
City-St-Zip: PEMBROKE PINES, FL 33025

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: DEAN M. FAGON MGR 11/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date