

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000030001

FILED  
Oct 02, 2007  
Secretary of State

Entity Name: LINSEMAN CONTRACTING LLC

**Current Principal Place of Business:**

29819 TROPICAL TRADER ROAD  
BIG PINE KEY, FL 33043

**New Principal Place of Business:**

**Current Mailing Address:**

29819 TROPICAL TRADER ROAD  
BIG PINE KEY, FL 33043

**New Mailing Address:**

FEI Number: 36-4600035      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:**

LINSEMAN, NORM JR  
29819 TROPICAL TRADER ROAD  
BIG PINE KEY, FL 33043 US

**Name and Address of New Registered Agent:**

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: NORM LINSEMAN JR.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LINSEMAN, NORM JR  
Address: 29819 TROPICAL TRADER ROAD  
City-St-Zip: BIG PINE KEY, FL 33043

Title: MGRM ( ) Delete  
Name: LINSEMAN, NORM SR  
Address: 29819 TROPICAL TRADER ROAD  
City-St-Zip: BIG PINE KEY, FL 33043

Title: MGRM ( ) Delete  
Name: LINSEMAN, RHONDA  
Address: 29819 TROPICAL TRADER ROAD  
City-St-Zip: BIG PINE KEY, FL 33043

**ADDITIONS/CHANGES:**

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

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

Title: MGRM (X) Change ( ) Addition  
Name: SHIELDS, AARON  
Address: 29819 TROPICAL TRADER ROAD, SUITE 2  
City-St-Zip: BIG PINE KEY, FL 33043

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: NORM LINSEMAN JR.

MGR

10/02/2007

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