

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000035084

FILED
Dec 20, 2008
Secretary of State

Entity Name: CLASSIC MODULAR STRUCTURES LLC

Current Principal Place of Business:

3966 HWY 17 S
ZOLFO SPRINGS, FL 33890

New Principal Place of Business:

Current Mailing Address:

3966 HWY 17 S
ZOLFO SPRINGS, FL 33890

New Mailing Address:

FEI Number: 20-4626512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

CUNNINGHAM, JOHN L CPA
2130 W BRANDON BLVD
205
BRANDON, FL 33511 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: JOHN CUNNINGHAM

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BOYNTON, WILLIAM
Address: 3966 HWY 17 S
City-St-Zip: ZOLFO SPRINGS, FL 33890

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

Title: MGRM () Delete
Name: CALZADA, ABEL
Address: 3966 HWY 17 S
City-St-Zip: ZOLFO SPRINGS, FL 33890

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

Title: MGRM () Delete
Name: MONTANEZ, ANGEL
Address: 3966 HWY 17 S
City-St-Zip: ZOLFO SPRINGS, FL 33890

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

Title: MGRM () Delete
Name: MONTANEZ, FILIBERTO
Address: 3966 HWY 17 S
City-St-Zip: ZOLFO SPRINGS, FL 33890

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: ABEL CALZADA

MGRM

12/20/2008

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