

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000036809

FILED  
Feb 26, 2008  
Secretary of State

Entity Name: A&O GENERAL CONTRACTORS LLC

**Current Principal Place of Business:**

3801 CROWN POINT RD  
1183  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

3801 CROWN POINT RD  
1183  
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

OLIVEROS, ANGELA  
3801 CROWN POINT RD  
1183  
JACKSONVILLE, FL 32257 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: ANGLEA OLIVEROS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OLIVEROS, ANGELA  
Address: 3801 CROWN POINT RD #1183  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: MGRM ( ) Delete  
Name: COLMENARES, OSWALDO  
Address: 3801 CROWN POINT RD #1183  
City-St-Zip: JACKSONVILLE, FL 32257 US

**ADDITIONS/CHANGES:**

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

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: ANGLEA OLIVEROS

MGRM

02/26/2008

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