

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000052693

FILED
Nov 06, 2007
Secretary of State

Entity Name: DWIGHT CADENHEAD CONTRACTING LLC

Current Principal Place of Business:

1825 WADSWORTH RD
BAKER, FL 32531

New Principal Place of Business:

4889 BONE CREEK RD
HOLT, FL 32564

Current Mailing Address:

1825 WADSWORTH RD
BAKER, FL 32531

New Mailing Address:

4889 BONE CREEK RD
HOLT, F 32564

FEI Number: 26-1365602 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:

CADENHEAD, DWIGHT
1825 WADSWORTH RD
BAKER, FL 32531 US

Name and Address of New Registered Agent:

CADENHEAD, DWIGHT
4889 BONE CREEK RD
HOLT, FL 32564 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: DWIGHT CADENHEAD

11/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CADENHEAD, DWIGHT
Address: 1825 WADSWORTH RD
City-St-Zip: BAKER, FL 32531

Title: MGRM (X) Delete
Name: WILLIAMS, SHEILA
Address: 1825 WADSWORTH RD
City-St-Zip: BAKER, FL 32531

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CADENHEAD, DWIGHT
Address: 4889 BONE CREEK RD
City-St-Zip: HOLT, FL 32564

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: DWIGHT CADENHEAD

MGRM

11/06/2007

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