

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000066093

**FILED**  
**Sep 29, 2008**  
**Secretary of State**

**Entity Name:** BUILDERS OF AMERICA LLC

**Current Principal Place of Business:**

2800 GLADES ROAD STE 115  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

2800 GLADES ROAD STE 115  
WESTON, FL 33327

**New Mailing Address:**

**FEI Number:** 20-5160149      **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:**

TB CONSULTING INC.  
1391 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33325      US

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

JOEL FRIEND AND ASSOCIATES, INC.  
2863 EXECUTIVE PARK DRIVE  
SUITE 105  
WESTON, FL 33331 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: JOEL FRIEND

09/29/2008

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LA CHAPELLE, NIGEL  
Address: 2800 GLADES ROAD STE 115  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES:**

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: NIGEL LA CHAPELLE

MGRM

09/29/2008

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