

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000067452

1. Entity Name
BIRNIE CONSTRUCTION L.L.C.



FILED
08 DEC 23 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
107 CEDAR AVENUE
ORANGE CITY, FL 32763-7346

Mailing Address
107 CEDAR AVENUE
ORANGE CITY, FL 32763-7346

2. Principal Place of Business - No P.O. Box #
709 N. Boston Ave
Suite, Apt. #, etc.

3. Mailing Address
709 N. Boston Ave
Suite, Apt. #, etc.



12012008 REIN-LLC CR2E101 (1/07)

City & State
DeLand, FL
Zip 32724 Country USA

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DeLand, FL
Zip 32724 Country USA

4. FEI Number
06-1785974
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BIRNIE, TODD H
107 CEDAR AVENUE
ORANGE CITY, FL 32763-7346

7. Name and Address of New Registered Agent

Name Todd H. Birnie
Street Address (P.O. Box Number is Not Acceptable) 709 N Boston Ave
City DeLand FL Zip Code 32724

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Todd Birnie Todd Birnie President 12-1-2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIRNIE, TODD H 107 CEDAR AVENUE ORANGE CITY, FL 327637346	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Todd H Birnie 709 N. Boston Ave DeLand, FL 32724	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000139174970 12/19/08--01045--011 **138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT
2008

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Todd Birnie Todd Birnie President 12-1-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #