

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000071472

FILED
Nov 02, 2009
Secretary of State

Entity Name: TOTAL SITE CONSTRUCTION, LLC

Current Principal Place of Business:

12128 SW 41ST PLACE
OCALA, FL 34481 US

New Principal Place of Business:

Current Mailing Address:

12128 SW 41ST PLACE
OCALA, FL 34481 US

New Mailing Address:

FEI Number: 20-5243580 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:

DODGE, MARK A
12128 SW 41ST PLACE
OCALA, FL 34481 US

Name and Address of New Registered Agent:

DODGE, STEPHANIE D
12128 SW 41ST PLACE
OCALA, FL 34481 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: STEPHANIE D. DODGE

11/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DODGE, MARK A
Address: 12128 SW 41ST PLACE
City-St-Zip: OCALA, FL 34481 US

Title: MGRM () Delete
Name: DODGE, JOEL A
Address: 136 ALLEN AVENUE
City-St-Zip: INGLIS, FL 33449 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DODGE, STEPHANIE D
Address: 12128 SW 41ST PLACE
City-St-Zip: OCALA, FL 34481 US

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: STEPHANIE D. DODGE

MGRM

11/02/2009

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