

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000073045

FILED
Nov 08, 2008
Secretary of State

Entity Name: T. SALEM CONSTRUCTION, LLC

Current Principal Place of Business:

112 CLUB ROAD
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

112 CLUB ROAD
SANFORD, FL 32771

New Mailing Address:

FEI Number: 06-1786653 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:

Name and Address of New Registered Agent:

SALEM, TERRILL L
112 CLUB ROAD
SANFORD, FL 32771 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: TERRILL L. SALEM

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SALEM, TERRILL L
Address: 112 CLUB ROAD
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: SALEM, EMMA J
Address: 2818 PERSHING AVE.
City-St-Zip: SARASOTA, FL 34234

Title: MGRM () Delete
Name: SHAW, CLARENCE JR
Address: 1350 16TH ST.
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

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

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: TERRILL L. SALEM

MGRM

11/08/2008

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