

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000086103

**FILED**  
**Nov 07, 2008**  
**Secretary of State**

**Entity Name:** NICNAR CONSTRUCTION, LLC.

**Current Principal Place of Business:**

10271 OLEANDER COURT  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 824206  
SOUTH FLORIDA, FL 33082

**New Mailing Address:**

**FEI Number:** 35-2280192      **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:**

MAYOR, HORACIO E  
10271 OLEANDER COURT  
PEMBROKE PINES, FL 33026      US

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

ALL FLORIDA FIRM, INC.  
813 DELTONA BLVD  
STE A  
DELTONA, FL 32725 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:** CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC.

11/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** MAYOR, HORACIO E  
**Address:** 10271 OLEANDER COURT  
**City-St-Zip:** PEMBROKE PINES, FL 33026

**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:** CHRISTINA CLARK FOR HORACIO MAYOR

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11/07/2008

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