

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000090364

FILED
Oct 10, 2007
Secretary of State

Entity Name: B. TURNER CONSTRUCTION SERVICES, LLC

Current Principal Place of Business:

5400 N.W. 39TH AVENUE, APT. CC-270
GAINESVILLE, FL 32606

New Principal Place of Business:

4334 NW 32ND STREET
GAINESVILLE, FL 32605

Current Mailing Address:

5400 N.W. 39TH AVENUE, APT. CC-270
GAINESVILLE, FL 32606

New Mailing Address:

4334 NW 32ND STREET
GAINESVILLE, FL 32605

FEI Number: 20-5555596 **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:

TURNER, BRUCE S
5400 N.W. 39TH AVENUE, APT. CC-270
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

TURNER, BRUCE S
4334 NW 32ND STREET
GAINESVILLE, FL 32605 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: BRUCE S TURNER

10/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TURNER, BRUCE S
Address: 5400 N.W. 39TH AVENUE, APT. CC-270
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TURNER, BRUCE S
Address: 4334 NW 32ND STREET
City-St-Zip: GAINESVILLE, FL 32605

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: BRUCE S TURNER

PRES

10/10/2007

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