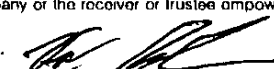


FILED
Jun 08, 2007 8:00 am
Secretary of State

30010226

DOCUMENT # L06000103883 1. Entity Name COOK CONSTRUCTION SERVICES, LLC				Secretary of State 05-11-2007 90197 047 ****50.00	
Principal Place of Business 12270 SE 130TH CT OCKLAWAHA FL 32179 US		Mailing Address 12270 SE 130TH CT OCKLAWAHA FL 32179 US		30010226 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E083 (10/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-5771181	
City & State Some		City & State Some		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, KEVIN 12270 SE 130TH CT OCKLAWAHA FL 32179				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State FILE					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
NAME STREET ADDRESS CITY-STATE-ZIP	MGRM COOK, KEVIN 12270 SE 130TH CT OCKLAWAHA FL 32179	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			4-25-07 362-239-3077		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					