2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# L07000000754

Entity Name: A PLUS DEMOLITION, LC

Current Principal Place of Business:

1007 COPENHAVER ROAD
FT. PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

1007 COPENHAVER ROAD
FT. PIERCE, FL 34945

New Mailing Address:

FEI Number: 20-8155062 **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:

RICHARD D. SNEED, JR., P.A.
1905 SOUTH 25TH STREET
SUITE 206, MARDI EXECUTIVE CENTER
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

JACQUIN, PAUL R
1007 COPENHAVER RD
FORT PIERCE, FL 34945 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: PAUL R JACQUIN 02/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PD ( ) Change (X) Addition
Name: JACQUIN, PAUL R
Address: 1007 COPENHAVER RD
City-St-Zip: FORT PIERCE, FL 34945 US

Title: SVD ( ) Change (X) Addition
Name: JACQUIN, STEPHANIE L
Address: 1007 COPENHAVER RD
City-St-Zip: FORT PIERCE, FL 34945 US

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: PAUL R JACQUIN PD 02/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date