2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 03, 2008
Secretary of State

DOCUMENT# L07000036500

Entity Name: DAVID LEE CONSTANTINE LLC

Current Principal Place of Business:

186D MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

640 JASMINE ROAD
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

186D MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

640 JASMINE ROAD
ALTAMONTE SPRINGS, FL 32701

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

CONSTANTINE, DAVID L
186D MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

CONSTANTINE, DAVID L
640 JASMINE ROAD
ALTAMONTE SPRINGS, FL 32701 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: DAVID LEE CONSTANTINE 11/03/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CONSTANTINE, DAVID L
Address: 186D MAITLAND AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CONSTANTINE, DAVID L
Address: 640 JASMINE ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: DAVID LEE CONSTANTINE MGR 11/03/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date