

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000052072

Entity Name: ECONSTRUCTION, LLC

FILED  
Nov 17, 2008  
Secretary of State

**Current Principal Place of Business:**

4411 BEE RIDGE ROAD  
#320  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

3300 MAYFLOWER ST  
SARASOTA, FL 34231 US

**Current Mailing Address:**

4411 BEE RIDGE ROAD  
#320  
SARASOTA, FL 34233 US

**New Mailing Address:**

3300 MAYFLOWER ST  
SARASOTA, FL 34231 US

FEI Number: 26-0184782      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:**

DESOUZA, MARK  
4411 BEE RIDGE ROAD  
#320  
SARASOTA, FL 34233 US

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

DESOUZA, MARK  
3300 MAYFLOWER ST  
SARASOTA, FL 34231 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: MARK DESOUZA

11/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DESOUZA, MARK  
Address: 4411 BEE RIDGE ROAD, #320  
City-St-Zip: SARASOTA, FL 34233 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DESOUZA, MARK  
Address: 3300 MAYFLOWER ST  
City-St-Zip: SARASOTA, FL 34231 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: MARK DESOUZA

CEO

11/17/2008

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