

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000052914

FILED
Oct 29, 2008
Secretary of State

Entity Name: NIGHT HAWK CONSTRUCTION, LLC

Current Principal Place of Business:

3248 BLACK GOLD TRL
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3248 BLACK GOLD TRL
TALLAHASSEE, FL 32309

New Mailing Address:

3613 PLOWSHARE ROAD
TALLAHASSEE, FL 32309

FEI Number: 26-0253606 **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:

SMITH, WANDA
3248 BLACK GOLD TRL
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

SMITH, WANDA
3613 PLOWSHARE ROAD
TALLAHASSEE, FL 32309 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: WANDA SMITH

10/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, BRIAN R
Address: 3248 BLACK GOLD TRL
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: BARRETT, BRIAN
Address: 818 LOTHIAN DR.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRIAN SMITH

MR

10/29/2008

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