


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000087398					
1. Entity Name LETTS CONSTRUCTION LLC					
Principal Place of Business 5952 DEER PARK CIRCLE TALLAHASSEE, FL 32311			Mailing Address 5952 DEER PARK CIRCLE TALLAHASSEE, FL 32311		
2. Principal Place of Business - No P.O. Box # <b>3091 Adkins Forest Ln</b> Suite, Apt. #, etc.		3. Mailing Address <b>3091 Adkins Forest Ln</b> Suite, Apt. #, etc.			
City & State <b>Tallahassee FL</b>		City & State <b>Tallahassee, FL</b>			
Zip <b>32311</b>		Country <b>Leon</b>		Zip <b>32311</b>	
Country <b>Leon</b>		Country <b>Leon</b>			
4. FEI Number <span style="float: right;"><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span>					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  LETTS, WILLIAM 5952 DEER PARK CIRCLE TALLAHASSEE, FL 32311			7. Name and Address of New Registered Agent Name <b>William Letts</b> Street Address (P.O. Box Number is Not Acceptable) <b>3091 Adkins Forest Ln</b> City <b>Tallahassee FL</b> Zip Code <b>32311</b>		
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 <u><i>William Letts</i></u> DATE <u>10/22/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LETTS, WILLIAM 5952 DEER PARK CIRCLE TALLAHASSEE, FL 32311		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>William Letts</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3091 Adkins Forest Ln</b> <b>Tallahassee, FL 32311</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	10/22/08--01040--002 <input type="checkbox"/> Change <input type="checkbox"/> Addition **125.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	300137142679 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/22/08--01040--005 **13.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>William Letts</i></u>			DATE: <u>10/22/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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