

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000103022

Entity Name: D ISLAND BUILDERS, LLC

FILED
Dec 08, 2009
Secretary of State

Current Principal Place of Business:

1565 BUTTONWOOD DR
BIG PINE KEY, FL 33040

New Principal Place of Business:

2315 PATTERSON AVENUE
KEY WEST, FL 33040

Current Mailing Address:

1565 BUTTONWOOD DR
BIG PINE KEY, FL 33040

New Mailing Address:

2315 PATTERSON AVENUE
KEY WEST, FL 33040

FEI Number: FEI Number Applied For (X) 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:

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 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: TINA MAKI, PRESIDENT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHEEPERS, JAN
Address: 1565 BUTTONWOOD DR
City-St-Zip: BIG PINE KEY, IA 33040

Title: MGRM (X) Delete
Name: MILLER, TAMMY
Address: 1565 BUTTONWOOD DR
City-St-Zip: BIG PINE KEY, IA 33040

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHEEPERS, JAN
Address: 2315 PATTERSON AVENUE
City-St-Zip: KEY WEST, FL 33040

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: JAN SCHEEPERS

MGRM

12/08/2009

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