

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000105126

Entity Name: CAPSTONE BUILDERS LLC

**FILED**  
**Sep 28, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3052 HICKORY COURT  
ZOLFO SPRINGS, FL 33890 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 49  
ZOLFO SPRINGS, FL 33890 US

**New Mailing Address:**

FEI Number: 26-1255803      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

GARAY, MICHAEL  
3052 HICKORY COURT  
ZOLFO SPRINGS, FL 33890 US

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

GARAY, STEPHANIE  
3052 HICKORY COURT  
ZOLFO SPRINGS, FL 33890 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: STEPHANIE GARAY

09/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GARAY, MICHAEL  
Address: 3052 HICKORY COURT  
City-St-Zip: ZOLFO SPRINGS, FL 33890 US

**ADDITIONS/CHANGES:**

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: MICHAEL ALLEN GARAY

PRES

09/28/2009

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