

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000109187

Entity Name: LEECO CONTRACTING, LLC

FILED  
Apr 08, 2009  
Secretary of State

**Current Principal Place of Business:**

1391 BLUE LAKE CIRCLE  
PUNTA GORDA, FL 33983

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 510695  
PUNTA GORDA, FL 33951-069

**New Mailing Address:**

1391 BLUE LAKE CIR.  
PUNTA GORDA, FL 33983

FEI Number: 26-1331893      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:**

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

LEE, JEFFREY W  
1391 BLUE LAKE CIRCLE  
PUNTA GORDA, FL FL, 33983 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: JEFFREY W LEE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEE, JEFFREY W  
Address: 1391 BLUE LAKE CIRCLE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: FLETCHER, MAGAN A  
Address: 1391 BLUE LAKE CIR.  
City-St-Zip: PUNTA GORDA, FL 33983

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: JEFFREY W LEE

MGRM

04/08/2009

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