2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000115582

1. Entity Name
SULLIVAN CONSTRUCTION SUPPORT SERVICES, LLC

FILED
11 FEB 16 AM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1950 NORTH POINT BLVD. SUITE 614 TALLAHASSEE, FL 32308	1950 NORTH POINT BLVD. SUITE 614 TALLAHASSEE, FL 32308

02162011 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc: 1288 Rumbalara	Suite, Apt. #, etc: 1288 Rumbalara Ln
City & State: Tallahassee, FL	City & State: Tallahassee
Zip: 32304 Country: Leon	Zip: 32304 Country: Leon

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAWS & COURTS CO. 1718 THOMASVILLE TALLAHASSEE, FL 32303	Name: Ryan G. Sullivan Street Address (P.O. Box Number is Not Acceptable): 1288 Rumbalara Ln City: Tallahassee FL Zip Code: 32304

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: Ryan Sullivan 2/16/11
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM SULLIVAN, RYAN G 1950 NORTH POINT BLVD, STE 614 TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☑ Change ☐ Addition 1288 Rumbalara Ln Tallahassee, FL 32304
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP	REINSTATEMENT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	10, 11	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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: Ryan Sullivan 2/16/11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FEB 16 2011