

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000115771

Entity Name: CMMZ CONTRACTORS, LLC

FILED  
Nov 30, 2009  
Secretary of State

**Current Principal Place of Business:**

12157 W. LINEBAUGH AVENUE #304  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

12157 W. LINEBAUGH AVENUE #304  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: 26-1570669      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:**

RINALDO PAUL, ROSELLA CPA  
4017 HENDERSON BLVD., STE. N  
TAMPA, FL 33629 US

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

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: ROSELLA RINALDO PAUL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ZELLER, CHARLES R  
Address: 12815 DARBY RIDGE DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: MGRM ( ) Delete  
Name: SALERNO, MICHAEL  
Address: 15505 PEPPERPINE CT.  
City-St-Zip: LAND O'LAKES, FL 34638

**ADDITIONS/CHANGES:**

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

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: CHARLES R ZELLER

MGRM

11/30/2009

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