

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000003274

FILED
Oct 15, 2009
Secretary of State

Entity Name: CONSTRUCTION PROJECT GROUP LLC

Current Principal Place of Business:

4301 SOUTH FLAMINGO ROAD
103-135
DAVIE, FL 33330

New Principal Place of Business:

5722 SOUTH FLAMINGO ROAD
235
DAVIE, FL 33330

Current Mailing Address:

4301 SOUTH FLAMINGO ROAD
103-135
DAVIE, FL 33330

New Mailing Address:

5722 SOUTH FLAMINGO ROAD
235
DAVIE, FL 33330

FEI Number: 26-1725268 **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:

MANNING, DANNY
4301 SOUTH FLAMINGO ROAD
103-135
DAVIE, FL 33330 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: DANNY MANNING

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: CARR, ANDREW
Address: 4301 SOUTH FLAMINGO ROAD
City-St-Zip: DAVIE, FL 33330

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

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

Title: MGRM () Change (X) Addition
Name: MCNALLY, DEBRA
Address: 5722 FLAMINGO ROAD #235
City-St-Zip: DAVIE, FL 33330

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: ANDREW CARR

MGRM

10/15/2009

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