

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000110659

FILED
Oct 15, 2009
Secretary of State

Entity Name: F.I.T. CONSTRUCTION & SERVICES LLC

Current Principal Place of Business:

5160 SE DELL ST
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

5160 SE DELL ST
STUART, FL 34997

New Mailing Address:

FEI Number: 26-3804202 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:

IVES, DENNIS
5160 SE DELL ST
STUART, FL 34997 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: DENNIS IVES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FALCONE, VINCENT
Address: 862 NELSON AVE
City-St-Zip: PALM CITY, FL 32907

Title: MGR () Delete
Name: IVES, DENNIS
Address: 5160 DELL ST
City-St-Zip: STUART, FL 34997

Title: MGR (X) Delete
Name: TIERINNI, JOSEPH
Address: 110 DOUGLAS AVE
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES:

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

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: DENNIS IVES

MAN

10/15/2009

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