

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

14 JAN 29 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000027053

1. Entity Name
CMD CONSTRUCTION, L.L.C.



Principal Place of Business
23 RENEGADE ROAD
CRAWFORDVILLE, FL 32327 US

Mailing Address
23 RENEGADE ROAD
CRAWFORDVILLE, FL 32327 US



01292014 REIN-LLC CR2E101 (12/11)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-4495159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DYKE, RICKY A JR.
23 RENEGADE ROAD
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-14

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
DYKE, RICKY A JR.
STREET ADDRESS
CITY- ST- ZIP
23 RENEGADE ROAD
CRAWFORDVILLE, FL 32327

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
AMBR
Dyke, Ricky A Jr
STREET ADDRESS
CITY- ST- ZIP
23 Renegade Rd
Crawfordville, FL 32327

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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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:

Ricky Dyke

1-29-14

ricky_dyke@yahoo.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

E-MAIL ADDRESS

CC 4/29