


# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
AND  
FILED

14 FEB 10 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # L10000110925</b> 1. Entity Name <b>PIRANHA CONSTRUCTION LLC</b>					
Principal Place of Business <b>49 HONOR DR. CRAWFORDVILLE, FL 32326</b>			Mailing Address <b>P.O. BOX 1073 CRAWFORDVILLE, FL 32327</b>		
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 <b>02102014 REIN-LLC CR2E101 (12/11)</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LLOYD, DON ALLEN 49 HONOR DR. CRAWFORDVILLE, FL 32326</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ DATE <b>02-10-14</b> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$377.50</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM LLOYD, DON ALLEN P.O. BOX 1073 CRAWFORDVILLE, FL 32327</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM MCDANIEL, RYAN 14 ROCHLSIE RD CRAWFORDVILLE, FL 32327</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<div style="text-align: center;"> <b>200256562712</b>  <b>02/10/14--01006--004 **377.50</b> </div>					
<div style="text-align: center;"> <b>S. HAWKES</b>  <b>FEB 10 A.M.</b>  <b>EXAMINER</b> </div>					
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.					
<b>SIGNATURE:</b> _____ <b>02-10-14</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS</small>					