

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L10000110925

1. Entity Name
PIRANHA CONSTRUCTION LLC



Principal Place of Business
49 HONOR DR.
CRAWFORDVILLE, FL 32326

Mailing Address
P.O. BOX 1073
CRAWFORDVILLE, FL 32327

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

02112016 REIN-LLC

CR2E101 (12/11)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LLOYD, DON ALLEN
49 HONOR DR.
CRAWFORDVILLE, FL 32326

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-16

FILE NOW!!! FEE IS \$238.75
After January 1, 2017, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME LLOYD, DON ALLEN
STREET ADDRESS P.O. BOX 1073
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME MCDANIEL, RYAN
STREET ADDRESS 14 ROCHLSIE RD
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 508, Florida Statutes.

SIGNATURE:

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

Date

E-MAIL ADDRESS

2-11-16