

m0500000809

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000203303 3)))



H08000203303ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

LIMITED LIABILITY REINSTATEMENT

PARKING BUILDERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

RECEIVED

08 AUG 27 AM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 AUG 27 AM 8:20

FILED

Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

Help

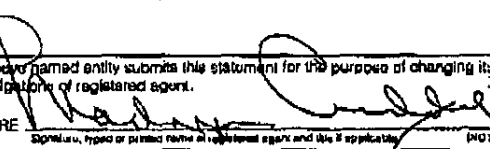
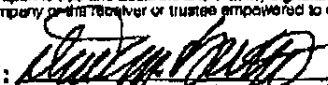
AUG 28 2008

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 AUG 27 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000001809			
1. Entity Name PARKING BUILDERS, LLC			
Principal Place of Business 1621 S. EUCALYPTUS AVE. SUITE 215 BROKEN ARROW, OK 74012		Mailing Address 1621 S. EUCALYPTUS AVE. SUITE 215 BROKEN ARROW, OK 74012	
2. Principal Place of Business - No P.O. Box # 320 S. Boston		3. Mailing Address 320 S. Boston	
Suite, Apt., #, etc. Suite 1026		Suite, Apt., #, etc. Suite 1026	
City & State Tulsa, OK		City & State Tulsa, OK	
Zip 74103		Country USA	
4. FEI Number 20-1054160		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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  Madonna Cuddihy Special Assistant Secretary DATE 8/27/08			
FILE NOW!! FEE IS \$377.50		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARKLE, DAVID G 1621 S. EUCALYPTUS AVE. BROKEN ARROW, OK 74012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 320 S. Boston, Suite 1026 Tulsa, OK 74103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVILSIZER, RICHARD L 11301 ROCKET BLVD ORLANDO, FL 32824 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 320 S. Boston, Suite 1026 Tulsa, OK 74103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOBITT, DAVID 1621 S. EUCALYPTUS AVE. BROKEN ARROW, OK 74012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition BOBBITT DAVID 320 S. Boston, Suite 1026 Tulsa, OK 74103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, DEBBIE 1621 S. EUCALYPTUS AVE. BROKEN ARROW, OK 74012 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 its receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes. SIGNATURE:  David M. Bobbitt DATE 8.25.08 TELEPHONE 770.403.7868			