

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000003979

**FILED**  
**May 01, 2009**  
**Secretary of State**

**Entity Name:** FONTAINE'S ASPHALT MAINTENANCE, LLC

**Current Principal Place of Business:**

418 DW HIGHWAY  
MEREDITH, NH 03253

**New Principal Place of Business:**

5 PHILBROOK AVE  
MEREDITH, NH 03253

**Current Mailing Address:**

PO BOX 567  
MEREDITH, NH 03253

**New Mailing Address:**

32101 FOXFIRE LN.  
DELAND, FL 32720

**FEI Number:** 42-1621524      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

FONTAINE, WESLEY  
32101 FOXFIRE LN  
DELAND, FL 32720      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:** WESLEY FONTAINE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** FONTAINE, VICTORIA  
**Address:** PO BOX 567  
**City-St-Zip:** MEREDITH, NH 03253

**Title:** MGRM      ( ) Delete  
**Name:** FONTAINE, WESLEY  
**Address:** PO BOX 567  
**City-St-Zip:** MEREDITH, NH 03253

**ADDITIONS/CHANGES:**

**Title:** MGRM      (X) Change ( ) Addition  
**Name:** FONTAINE, VICTORIA  
**Address:** 32101 FOXFIRE LN.  
**City-St-Zip:** DELAND, FL 32720

**Title:** MGRM      (X) Change ( ) Addition  
**Name:** FONTAINE, WESLEY  
**Address:** 5 PHILBROOK AV.  
**City-St-Zip:** MEREDITH, NH 03253

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:** WESLEY FONTAINE

MGRM

05/01/2009

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