

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000061591

**Entity Name:** CODY CRIPE LLC

**Current Principal Place of Business:**

199 CURTIS MILL ROAD  
SOPCHOPPY, FL 32358

**Current Mailing Address:**

P.O. BOX 253  
SOPCHOPPY, FL 32358

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRIBE, CODY  
199 CURTIS MILL ROAD  
SOPCHOPPY, FL 32358 US

*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:** CODY CRIPE

11/20/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CRIPE, CODY  
Address P.O. BOX 253  
City-State-Zip: SOPCHOPPY FL 32358

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CODY CRIPE

MGRM

11/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date