

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000156436

**Entity Name:** CROFT CUTS LLC

**Current Principal Place of Business:**

4644 ATTLEBORO ST.  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

4644 ATTLEBORO ST.  
JACKSONVILLE, FL 32205 US

**FEI Number:** 83-1048344

**Certificate of Status Desired:** No

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

CROFT, JAMES M  
4644 ATTLEBORO ST.  
JACKSONVILLE, FL 32205 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:** JAMES M. CROFT

11/06/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            CROFT, JAMES M  
Address        4644 ATTLEBORO ST.  
City-State-Zip: JACKSONVILLE FL 32205

Title            MGR  
Name            CROFT, SHANNON M  
Address        4644 ATTLEBORO ST.  
City-State-Zip: JACKSONVILLE FL 32205

*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:** JAMES M. CROFT

**PRESIDENT**

11/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date