

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Nov 30, 2009  
Secretary of State**

DOCUMENT# L03000045989

Entity Name: TROY BUILDING COMPANY, LLC

**Current Principal Place of Business:**

312 S LAKEVIEW DR  
LAKE HELEN, FL 32744

**New Principal Place of Business:**

**Current Mailing Address:**

312 S LAKEVIEW DR  
LAKE HELEN, FL 32744

**New Mailing Address:**

FEI Number: 20-0411217      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

TROY, ANTHONY T  
421 ROSEVILLE LANE  
LAKE HELEN, FL 32744      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: ANTHONY THOMAS TROY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: TROY, ANTHONY T  
Address: 421 ROSEVILLE LANE  
City-St-Zip: LAKE HELEN, FL 32744

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: TROY, JUNE M  
Address: 421 ROSEVILLE LANE  
City-St-Zip: LAKE HELEN, FL 32744

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANTHONY THOMAS TROY

MGRM

11/30/2009

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