

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000053014

Entity Name: TRUHOME, LLC

FILED
Sep 19, 2006
Secretary of State

Current Principal Place of Business:

3770 CURTIS BLVD.
710
PORT ST. JOHN, FL 32927

New Principal Place of Business:

New Mailing Address:

3770 CURTIS BLVD.
710
PORT ST. JOHN, FL 32927

Current Mailing Address:

P.O. BOX 390012
DELTONA, FL 32739

FEI Number: 65-1202829 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:

SCOTT, VERNON R MGRM
3770 CURTIS BLVD.
710
PORT ST. JOHN, FL 32738 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: VERNON R. SCOTT

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCOTT, PENELOPE C
Address: P.O. BOX 390012
City-St-Zip: DELTONA, FL 32739

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCOTT, PENELOPE C
Address: 3770 CURTIS BLVD. #710
City-St-Zip: PORT ST. JOHN, FL 32927

Title: MGRM () Change (X) Addition
Name: SCOTT, VERNON R
Address: 3770 CURTIS BLVD. #710
City-St-Zip: PORT ST. JOHN, FL 32927

I hereby certify that the information supplied with this filing does not qualify for the 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: VERNON R. SCOTT

MGRM

09/19/2006

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