

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 FEB -7 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01302008 REIN-LLC CR2E101 (1/07)

4. FEI Number **20-0574848** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L03000057293

1. Entity Name
BOYD'S BUILDERS LLC

Principal Place of Business
**5151 NE 124TH TERR
WILLISTON, FL 32696 US**

Mailing Address
**5151 NE 124TH TERR
WILLISTON, FL 32696 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATOR
2730 WHITE SANDS DRIVE
SUITE 3-A
SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name **Jennifer Linn Allen**

Street Address (P.O. Box Number is Not Acceptable)
15 SW 8th Place

Apt # **204**

City **Williston** FL Zip Code **32696**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jennifer Linn Allen* (NOTE: Registered Agent signature required when reinstating) DATE **1/29/08**

FILE NOW!!! FEE IS \$377.50

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYD, STEVEN D 5151 NE 124TH TERRACE WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200117318642 02/06/08--01042--020 **377.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOYD, JULIE K 5151 NE 124TH TERRACE WILLISTON, FL 32696 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 *Julio K Boyd* **1-29-08** **352-486-2183**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #