

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10:11

DOCUMENT # L04000031388			
1. Entity Name TDR FAMILY BUILDERS, LLC			
Principal Place of Business 267 TENNESSEE STREET WEWAHITCHKA, FL 32465 US		Mailing Address PO BOX 111 WEWAHITCHKA, FL 32465	
2. Principal Place of Business Same AS Above		3. Mailing Address Same AS Above	
Suite, Apt. #, etc. 267 Tenn ST.		Suite, Apt. #, etc. PO Box 111	
City & State Wewa FL		City & State Wewa FL	
Zip 32465	Country U.S.	Zip 32465	Country U.S.
4. FEI Number 20-1185872		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RITTER, TRACY 267 TENNESSEE STREET WEWAHITCHKA, FL 32465		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>TRACY RITTER</u> <u>Tracy Ritter</u> <u>10-18-06</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RITTER, TRACY 267 TENNESSEE STREET WEWAHITCHKA, FL 32465 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant MGR ADKISON, GARY 267 Tennessee St. Wewahitchka FL 32465 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700081114977 10/23/06--01034--007 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2006 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <u>Tracy Ritter</u> <u>10-18-06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date			