


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000031642 1. Entity Name WILLCUT'S CONSTRUCTION COMPANY LLC						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> SECRETARY OF STATE DIVISION OF CORPORATE & FINANCIAL SERVICES 06 FEB -8 AM 9:07 </div>	
Principal Place of Business 1555 NORTH PEARL ST CRESTVIEW, FL 32536				Mailing Address 1555 NORTH PEARL ST CRESTVIEW, FL 32536			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WILLCUT, ROBERT 1555 NORTH PEARL ST CRESTVIEW, FL 32536				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$100.00				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLCUT, ROBERT 1555 NORTH PEARL ST CRESTVIEW, FL 32536			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> 400066204844 02/20/06--01049--009 **100.00 </div>	
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		
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		
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<div style="display: flex; justify-content: space-between;"> <div> 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. </div> <div style="text-align: center;"> <div style="font-size: 1.5em; font-family: cursive;">Robert Willcut</div> <div style="font-weight: bold; font-size: 1.2em;">2-01-06</div> </div> </div>							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							
<small>Date</small> _____ <small>Daytime Phone #</small> _____							