

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

13 JUL 30 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000059053 1. Entry Name JUDD LASSITER CONSTRUCTION LLC					
Principal Place of Business 69 POWELL LANE CRAWFORDVILLE, FL 32327			Mailing Address 69 POWELL LANE CRAWFORDVILLE, FL 32327		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 100 LITTLE TRAIL LN.		Suite, Apt. #, etc. 100 LITTLE TRAIL LN			
City & State CRAWFORDVILLE FL		City & State CRAWFORDVILLE FL			
Zip 32327		Country FLORIDA		Zip 32327	
Country FLORIDA		Country FLORIDA			
6. Name and Address of Current Registered Agent LASSITER, WALTER J.P. 69 POWELL LANE CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name LASSITER, WALTER J.P. Street Address (P.O. Box Number is Not Acceptable) 100 LITTLE TRAIL LANE City CRAWFORDVILLE FL Zip Code 32327		
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  DATE 7-30-13 <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 \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LASSITER, WALTER J.P. 69 POWELL LANE CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LASSITER, WALTER J.P. 100 LITTLE TRAIL LANE CRAWFORDVILLE FL 32327	
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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REINSTATEMENT 07-30-13 RLK					
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: 			7-30-13 JUDD LASSITER 69@gmail.com		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>DATE E-MAIL ADDRESS</small>		