

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000062185

1. Entity Name
KNOT HEAD CONSTRUCTION, LLC



Principal Place of Business
684 BETTSTOWN RD
BAINBRIDGE, GA 31717

Mailing Address
684 BETTSTOWN RD
BAINBRIDGE, GA 31717

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
0305

Suite, Apt. #, etc.

City & State

City & State

Quincy FL

Quincy FL

Zip
32825

Country
USA

Zip
32325

Country

11172005 REIN-LLC CR2E101 (6/04)

4. FEI Number

Applied For

0305-42779

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, DEBRA
3225 CONNIE DR
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent

Name Ben Dennis
Street Address (P.O. Box Number is Not Acceptable)
1621 Solomon Dairy RD
City Quincy FL Zip Code 32352

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

Ben Dennis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(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 MGRM
NAME DENNIS, BEN
STREET ADDRESS 684 BETTSTOWN RD
CITY-ST-ZIP BAINBRIDGE, GA 31717

TITLE
NAME 1621 Solomon Dairy RD
STREET ADDRESS Quincy FL 32351
CITY-ST-ZIP

TITLE MGRM
NAME VICKERS, MELISSA
STREET ADDRESS 684 BETTSTOWN RD
CITY-ST-ZIP BAINBRIDGE, GA 31717

TITLE
NAME 100061637101
STREET ADDRESS 11/22/05--01087--001 **\$50.00
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ben Dennis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11-17-05

Date

Daytime Phone #