

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 OCT 28 AM 10:35
TALLAHASSEE, FL

DOCUMENT # L05000026794 1. Entity Name MEASURE ONCE CUT TWICE LLC					
Principal Place of Business 3462 HANCOCK BRIDGE PARKWAY #263 NORTH FORT MYERS, FL 33903			Mailing Address 3462 HANCOCK BRIDGE PARKWAY #263 NORTH FORT MYERS, FL 33903		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DALEY, TIM 3462 HANCOCK BRIDGE PARKWAY #263 NORTH FORT MYERS, FL 33903			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		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 NAME STREET ADDRESS CITY-ST-ZIP	MGR DALEY, TIM 3462 HANCOCK BRIDGE PARKWAY #263 NORTH FORT MYERS, FL 33903 <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;"> REINSTATEMENT <i>2008</i> </div> <div> 000137208260 10/23/08--01021--007 </div> </div>					
SIGNATURE: <i>Tim Daley</i>			9-27-8 239 995 4291		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					