

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000028428

FILED
Dec 13, 2006
Secretary of State

Entity Name: TRI COUNTY CUTTING, LLC

Current Principal Place of Business:

11985 SOUTHERN BLVD., SUITE 108
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

10288 S.FOXTRAIL ROAD
309
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

11985 SOUTHERN BLVD., SUITE 108
ROYAL PALM BEACH, FL 33411

New Mailing Address:

10288 S.FOXTRAIL ROAD
309
ROYAL PALM BEACH, FL 33411

FEI Number: 20-2548799 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ELI, STEVE
11985 SOUTHERN BLVD., SUITE 108
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

ELIA, STEVE
10288 S. FOXTRAIL ROAD
309
ROYAL PALM BEACH, FL 33411 US

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.

SIGNATURE: STEVEN ELIA

12/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ELI, STEVE
Address: 11985 SOUTHERN BLVD., SUITE 108
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ELIA, STEVE
Address: 10288 S. FOXTRAIL ROAD #309
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN ELIA

PRES

12/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date