

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000045778

Entity Name: T.R. HUDSON LLC

FILED
Oct 14, 2009
Secretary of State

Current Principal Place of Business:

1285 AV. DEL TORO
PORT ORANGE, FL 32129 US

New Principal Place of Business:

Current Mailing Address:

1285 AV. DEL TORO
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 20-2845640 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:

ROBINSON, ROBERT
1285 AV. DEL TORO
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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: ROBERT ROBINSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBINSON, ROBERT
Address: 1285 AV. DEL TORO
City-St-Zip: PORT ORANGE, FL 32129 US

Title: MGRM () Delete
Name: ROSELLI, THOMAS
Address: 21 CONCORD DRIVE
City-St-Zip: MAHOPAC, NY 10541 US

Title: MGRM () Delete
Name: ROBINSON, SILVIA
Address: 88 GREENWAY TER SO
City-St-Zip: MAHOPAC, NY 10541 US

Title: MGRM () Delete
Name: ROSELLI, LAURIE
Address: 21 CONCORD DRIVE
City-St-Zip: MAHOPAC, NY 10541 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT ROBINSON

MGRM

10/14/2009

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