

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000045778

Entity Name: T.R. HUDSON LLC

**FILED**  
**Apr 14, 2012**  
**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:**

88 GREENWAY TER S  
MAHOPAC, NY 10541 US

FEI Number: 20-2845640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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  
Name: ROBINSON, ROBERT  
Address: 1285 AV. DEL TORO  
City-St-Zip: PORT ORANGE, FL 32129 US

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

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

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

Title: MGRM  
Name: ROBINSON, JOHN  
Address: 88 GREENWAY TER S  
City-St-Zip: MAHOPAC, NY 10541 US

I hereby 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

04/14/2012

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