

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000112329

1. Entity Name
WRIGHT CARPENTRY LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT 17 AM 9:08

Principal Place of Business
96515 CHESTER ROAD
YULEE, FL 32097

Mailing Address
96515 CHESTER ROAD
YULEE, FL 32097

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10072006 REIN-LLC CR2E101 (11/05)

4. FEI Number
06-1790866

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, JOSEPH M
96515 CHESTER ROAD
YULEE, FL 32097

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

Joseph M. Wright

(NOTE: Registered Agent signature required when reinstating)

10/13/06

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME WRIGHT, JOSEPH M
STREET ADDRESS 96515 CHESTER ROAD
CITY-ST-ZIP YULEE, FL 32097 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100080927431
10/17/06--01048--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Joseph M. Wright

10/13/06

Date

583-0356

Daytime Phone #