

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000065267

1. Entity Name  
SUNSHINE STATE BUILDERS LLC



**FILED**

12 JAN 26 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1055 LONNIE RAKER LANE  
CRAWFORDVILLE, FL 32327

Mailing Address  
1055 LONNIE RAKER LANE  
CRAWFORDVILLE, FL 32327

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

01262012 REIN-LLC CR2E101 (12/11)

4. FEI Number  
75-3218001

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

VOORTING, ARIC  
1055 LONNIE RAKER LANE  
CRAWFORDVILLE, FL 32327

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$377.50**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
VOORTING, ARIC  
1055 LONNIE RAKER LANE  
CRAWFORDVILLE, FL 32327

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**REINSTATEMENT**

B. BOSTICK ☒ Change ☐ Addition

JAN 26 2012

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 member, manager or authorized representative of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE:

*Arac R. Voorting*

*Arac R. Voorting*

1-26-12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

E-MAIL ADDRESS