


2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000083304		
1. Entity Name WRIGHT HOMES, LLC		

FILED

11 NOV 15 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4434 GEARHART RD. #2804 TALLAHASSEE, FL 32303	Mailing Address 4434 GEARHART RD. #2804 TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box 1194 Solomon Daisy Rd. Suite, Apt. #, etc.	3. Mailing Address 1194 Solomon Daisy Rd. Suite, Apt. #, etc.
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11152011 REIN-LLC CR2E101 (1/07)

City & State Quincy, FL	City & State Quincy, FL
Zip 32352	Zip 32352
Country USA	Country USA

4. FEI Number 20-5452737	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WRIGHT, TRENT S 4434 GEARHART RD. #2804 TALLAHASSEE, FL 32303	
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7. Name and Address of New Registered Agent Name: Trent S Wright Street Address (P.O. Box Number is Not Acceptable): 1194 Solomon Daisy Rd. City: Quincy, FL Zip Code: 32352	
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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: Trent S Wright	DATE: 11/15/2011

FILE NOW!!! FEE IS \$238.75 After January 1, 2012, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WRIGHT, TRENT S 4434 GEARHART RD. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Trent S Wright	DATE: 11/15/2011 (850) 509-3433