

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000083304

1. Entity Name
WRIGHT HOMES, LLC



Principal Place of Business
4434 GEARHART RD.
#2804
TALLAHASSEE, FL 32303

Mailing Address
4434 GEARHART RD.
#2804
TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box
1194 Solomon Dwy Rd.
Suite, Apt. #, etc.

3. Mailing Address
1194 Solomon Dwy Rd.
Suite, Apt. #, etc.

City & State
Perry, FL
Zip 32352

City & State
Perry, FL
Zip 32352

Country USA

6. Name and Address of Current Registered Agent

WRIGHT, TRENT S
4434 GEARHART RD.
#2804
TALLAHASSEE, FL 32303

Name Trent WT

Street Address (P.O. Box Number is Not Acceptable)

1194 Solomon Dwy Rd.

City Perry

FL Zip Code 32352

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 WT*

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

(NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WRIGHT, TRENT S
STREET ADDRESS 4434 GEARHART RD.
CITY-ST-ZIP TALLAHASSEE, FL 32303

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500214304395

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500214304395

11/15/11--01005--008 *\$238.75

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

REINSTATEMENT

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 WT*

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

11/15/2011 (850)509-3883
Date Daytime Phone #