

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000002179

Entity Name: TRINITY DRAFTING LLC

FILED
Oct 03, 2008
Secretary of State

Current Principal Place of Business:

806 W. RISK ST.
PLANT CITY, FL 33563

New Principal Place of Business:

607. S, ALEXANDER ST.
208
PLANT CITY, FL 33563

Current Mailing Address:

806 W. RISK ST.
PLANT CITY, FL 33563

New Mailing Address:

607. S, ALEXANDER ST.
208
PLANT CITY, FL 33563

FEI Number: 16-1781312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIS, JODY L
806 W. RISK ST.
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

WILLIS, JODY L
607 S. ALEXANDER ST.
208
PLANT CITY, FL 33563 US

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: JODY L WILLIS

10/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIS, JODY L
Address: 806 W. RISK ST.
City-St-Zip: PLANT CITY, FL 33563

Title: MGR () Delete
Name: LYNNE, WILLIS L
Address: 806 W. RISK ST.
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JODY L WILLIS

MGR

10/03/2008

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