

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000014705

**Entity Name:** TRU CUT BUILDERS, LLC

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

144 MISTY LANE  
PORT ST JOE, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 355  
PORT ST JOE, FL 32456

**New Mailing Address:**

**FEI Number:** 26-4250222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARTER, SCOTT B  
144 MISTY LANE  
PORT ST JOE, FL 32456 US

**Name and Address of New Registered Agent:**

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: SCOTT B CARTER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CARTER, SCOTT B  
Address: 144 MISTY LANE  
City-St-Zip: PORT ST JOE, FL 32456 US

I hereby 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: SCOTT B CARTER

PRES

10/01/2010

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