

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L10000051806

1. Entity Name  
SEVEN HILLS CONSTRUCTION LLC



FILED

11 NOV -4 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
63 HOME STRETCH LANE 3A  
CRAWFORDVILLE, FL 32327

Mailing Address  
P O BOX 642  
CRAWFORDVILLE, FL 32326

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

11042011 REIN-LLC CR2E101 (1/07)

4. FEI Number

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

MARTIN, CHERYL R  
1589 METROPOLITAN BLVD  
SUITE 102  
TALLAHASSEE, FL 32308

Name  
Christopher J. Hill

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

33 Cragston

City  
Crawfordville

FL

Zip Code  
32327

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

*Christopher J. Hill*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11-4-11

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
CHRIS, HILL  
P O BOX 642  
CRAWFORDVILLE, FL 32326 ☐ Delete

TITLE  
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CITY - ST - ZIP  
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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:

*Christopher J. Hill*

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

Date

Daytime Phone #

11-4-11

850-363-7677