

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L10000051806

1. Entity Name
SEVEN HILLS CONSTRUCTION LLC



FILED

12 DEC 11 PM 2:46

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

12112012 REIN-LLC CR2E101 (12/11)

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

HILL, CHRISTOPHER J
53 CROATAN
CRAWFORDVILLE, FL 32327

Name

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

City

FL

Zip Code

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

Chris Hill

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Dec 11, 2012

FILE NOW!!! FEE IS \$238.75
After January 1, 2013, 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
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ 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:

Chris Hill

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

Dec 12 2012 dti: cjk410@gmail.com

E-MAIL ADDRESS