

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

12 DEC 11 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L10000051806					
1. Entity Name SEVEN HILLS CONSTRUCTION LLC					
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		4. FEI Number Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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		(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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:		Date Dec 12 2012		E-MAIL ADDRESS dti: cjk410@gmail.com	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		E-MAIL ADDRESS	



12112012 REIN-LLC CR2E101 (12/11)

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

**FILE NOW!!! FEE IS \$238.75
After January 1, 2013, Fee will be \$377.50**

**Make check payable to
Florida Department of State**

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12/12/12--01001--021 **238.75

SIGNATURE: Date **Dec 12 2012** E-MAIL ADDRESS **dti: cjk410@gmail.com**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS