

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L10000051806

1. Entity Name  
SEVEN HILLS CONSTRUCTION LLC



14 MAR 24 PM 2:51

STATE  
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 #

*Same*  
Suite, Apt. #, etc.

3. Mailing Address

*773 Buck rd.*  
Suite, Apt. #, etc.



03242014 REIN-LLC CR2E101 (12/11)

City & State

*Eastpoint FL*  
City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

*32328*  
Zip

*Franklin*  
Country

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

6. Name and Address of Current Registered Agent

HILL, CHRISTOPHER J  
53 CROATAN  
CRAWFORDVILLE, FL 32327

Name

Street Address (P.O. Box Number is Not Acceptable) *773 Buck rd*

*Eastpoint*  
City

*FL*  
State

*32328*  
Zip Code

7. Name and Address of New Registered Agent

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME *773 Buck rd.*  
STREET ADDRESS *Eastpoint FL 32328*  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:

*[Signature]*

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

*3/24/14 CIB 67140@gmail.com*

E-MAIL ADDRESS