

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000014090

**FILED**  
**Oct 02, 2014**  
**Secretary of State**

**Entity Name:** TOMMY'S CONSTRUCTION, L.L.C.

**Current Principal Place of Business:**

1830 MEMORIAL DR.  
CHIPLEY, FL 32428

**New Principal Place of Business:**

1830 MEMORIAL DR.  
CHIPLEY, FL 32428 UN

**Current Mailing Address:**

1830 MEMORIAL DR.  
CHIPLEY, FL 32428

**New Mailing Address:**

**FEI Number:** 46-1974062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POPE, ANITA  
1830 MEMORIAL DR.  
CHIPLEY, FL 32428 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:** ANITA POPE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** POPE, TOMMY  
**Address:** 1830 MEMORIAL DR.  
**City-St-Zip:** CHIPLEY, FL 32428

**Title:** MGRM  
**Name:** POPE, ANITA  
**Address:** 1830 MEMORIAL DR.  
**City-St-Zip:** CHIPLEY, FL 32428

**Title:** MGR  
**Name:** POPE, NATHAN  
**Address:** 1830 MEMORIAL DR.  
**City-St-Zip:** CHIPLEY, FL 32428

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** ANITA POPE

MGRM

10/02/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date