| I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and   |
| that my name appears above, or on an attachment with all other like empowered.  |
|   |

| SIGNATURE: ROBERT FOX CFO 09/25/2023 | SIGNATURE: F | ROBERT FOX |  | 09/25/2023 |
|--------------------------------------|--------------|------------|--|------------|
|--------------------------------------|--------------|------------|--|------------|

Electronic Signature of Signing Authorized Person(s) Detail

| Title           | MANAGER             | Title           | MANAGER          |
|-----------------|---------------------|-----------------|------------------|
| Name            | TAYLOR, DAVID JASON | Name            | ROBERT, FOX      |
| Address         | 4656 SW 34TH STREET | Address         | 1040 WOODCOCK RD |
| City-State-Zip: | ORLANDO FL 32835    |                 | SUITE 100        |
|                 |                     | City-State-Zip: | ORLANDO FL 32803 |
|                 |                     |                 |                  |

## A

| Electronic Signature of Registered Agent |                     |         |                               |  |  |  |
|--|---------------------|---------|-------------------------------|--|--|--|
| Authorized                               | Person(s) Detail :  |         |                               |  |  |  |
| Title                                    | MANAGER             | Title   | MANAGER                       |  |  |  |
| Name                                     | TAYLOR, DAVID JASON | Name    | ROBERT, FOX                   |  |  |  |
| Address                                  | 4656 SW 34TH STREET | Address | 1040 WOODCOCK RD<br>SUITE 100 |  |  |  |

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: CALLIE WAERS 09/25/2023

# **Current Mailing Address:**

3425-A MAGGIE BLVD. ORLANDO, FL 32811

# FEI Number: 20-8306762

# Name and Address of Current Registered Agent:

WAERS, CALLIE 1040 WOODCOCK RD SUITE 100 ORLANDO, FL 32803 US

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

### DOCUMENT# L0700008771

Entity Name: CENTER HILL BUILDING PRODUCTS, LLC

# **Current Principal Place of Business:**

3425-A MAGGIE BLVD. ORLANDO, FL 32811

FILED Sep 25, 2023 Secretary of State 9013431991CR

Date

Certificate of Status Desired: No

Date