## **2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L22000360412

Entity Name: THE WRIGHT CUT LLC

**Current Principal Place of Business:** 

647 BILLINGSGATE LN E JACKSONVILLE, FL 32221

**Current Mailing Address:** 

647 BILLINGSGATE LN E JACKSONVILLE. FL 32221 US

FEI Number: 93-3614123 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WRIGHT, MARKEE 647 BILLINGSGATE LN E JACKSONVILLE, FL 32221 US

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: MARKEE WRIGHT 09/27/2023

Electronic Signature of Registered Agent

Date

FILED Sep 27, 2023

**Secretary of State** 

8265152028CR

Authorized Person(s) Detail :

Title AP Title MGR

Name GARMON, TRACY Name WRIGHT, MARKEE

Address 6957 MAGDELENA DR Address 647 BILLINGSGATE LN E
City-State-Zip: JACKSONVILLE FL 32210 City-State-Zip: JACKSONVILLE FL 32221

Title MGR Title MGR

Name WRIGHT, MARKEE Name WRIGHT, MARKEE

Address 647 BILLINGSGATE LN E Address 647 BILLINGSGATE LN E

City-State-Zip: JACKSONVILLE FL 32221 City-State-Zip: JACKSONVILLE FL 32221

Title MGR Title MGR

Name WRIGHT, MARKEE Name WRIGHT, MARKEE

Address 647 BILLINGSGATE LN E

City-State-Zip: JACKSONVILLE FL 32221

Address 647 BILLINGSGATE LN E

City-State-Zip: JACKSONVILLE FL 32221

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: MARKEE WRIGHT MGR 09/27/2023