


2015 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVAL
AND
FILED

15 DEC 15 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000181212 1. Entity Name WINGEDHORSE, LLC					
Principal Place of Business 2910 KERRY FOREST PARKWAY D4-276 TALLAHASSEE, FL 32309			Mailing Address 2910 KERRY FOREST PARKWAY D4-276 TALLAHASSEE, FL 32309		
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	
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	
MANAUSA, DANNY 1701 HERMITAGE BLVD. 100 TALLAHASSEE, FL 32308				Name <u>Ronald J. Wierenga</u> Street Address (P.O. Box Number is Not Acceptable) 2910 <u>2910 Kerry Forest Pkwy D4,</u> City <u>Tallahassee</u> FL Zip Code <u>32309</u>	
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 <u>Ronald J. Wierenga Jr.</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>12-15-2015</u>					
FILE NOW!!! FEE IS \$238.75 After January 1, 2016, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIERENGA, RONALD J		NAME		
STREET ADDRESS	2910 KERRY FOREST PARKWAY D4-276		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIERENGA, TORI L		NAME		
STREET ADDRESS	2910 KERRY FOREST PARKWAY D4-276		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.			REINSTATEMENT <u>RLH</u> 'DEC 15 2015 R. HUNT		
SIGNATURE: <u>[Signature]</u>			Date: <u>12-15-2015</u> Email Address: <u>ewierenga@eagleadjusting.com</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					