

APPROVED
AND
FILED

2016 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A98000002896

1. Entity Name
WJLJN PARTNERSHIP, LIMITED PARTNERSHIP



16 FEB 12 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1512 CHINA GROVE TRAIL
TALLAHASSEE, FL 32301-4972 US

Mailing Address
1512 CHINA GROVE TRAIL
TALLAHASSEE, FL 32301-4972 US



2. Principal Place of Business - No P.O. Box #
1508 A China Grove Tr

3. Mailing Address
1508 A China Grove Tr

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32301

Country

Zip
32301

Country

02122016 REIN-LP CR2E100 (12/11)

4. FEI Number
65-0884288

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYDER, LISE A
1512 CHINA GROVE TRAIL
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Ryder Lise A.

Street Address (P.O. Box Number is Not Acceptable)
1508 A China Grove Trl

City
Tallahassee

FL

Zip Code
32301

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE
Lise A Ryder

2/12/16
DATE

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$1000.00
After January 1, 2017, Fee will be \$2000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
F98000007082

NAME
WJLJN HOLDINGS, INC.

STREET ADDRESS
1512 CHINA GROVE TRAIL

CITY-ST-ZIP
TALLAHASSEE, FL 323014972

13. ADDRESS CHANGES ONLY

STREET ADDRESS
1508 A China Grove Trl.

CITY-ST-ZIP
Tallahassee FL 32301

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
600282093716
02/12/16--01003--002 **2008.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
FEB 12 2016

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
R. HUNT

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
R.H.

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Lise A Ryder

2/12/16

lrqueenie99@gmail.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

E-MAIL ADDRESS

STAPLE CHECK HERE