


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000012762		
1. Entity Name MUGG, WAGNER, & FERGUSON, LLC		

Principal Place of Business 106 EAST PINE ST LAKELAND, FL 33801	Mailing Address 106 EAST PINE ST LAKELAND, FL 33801
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**

04 OCT 25 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



10202004 REIN-LLC CR2E101 (6/04) 10/25

4. FEI Number 65-0167148	Applied For <input type="checkbox"/> Not Applicable
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	
MUGG, GREGORY 106 EAST PINE STREET LAKELAND, FL 33801		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 *MJH* (NOTE: Registered Agent signature required when reinstating) DATE 10/04

<b>FILE NOW!!! FEE IS \$50.00</b> After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUGG, GREGORY 129 SOUTH KENTUCKY AVE. LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400042160124 10/25/04--01071--010 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUGG, GREGORY 106 EAST PINE STREET LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE:** *MJH* DATE 10/04 DAYTIME PHONE # 863-682-8250

**REINSTATEMENT 2004**  
*w/o penalty*