

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000013188

1. Entity Name  
WEST TENNESSEE, L.L.C.



Principal Place of Business  
1627 METROPOLITAN BLVD., SUITE C  
TALLAHASSEE, FL 32308

Mailing Address  
1627 METROPOLITAN BLVD., SUITE C  
TALLAHASSEE, FL 32308

2. Principal Place of Business  
2104 Delta Way

3. Mailing Address  
2104 Delta Way

Suite, Apt. #, etc.  
Suite 5

Suite, Apt. #, etc.  
Suite 5

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

Zip 32308 Country USA

Zip 32308 Country USA

10252005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
42-5313624

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BATEMAN, FREDERICK L JR.  
300 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2006, 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

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME SWANK, JEFFREY C  
STREET ADDRESS 1627 METROPOLITAN BLVD., SUITE C  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000061075020  
11/01/05--01053--003 \*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/24/05 850-222-1020

FILED  
05 OCT 25 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2005