

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 18 PM 3:16  
11/18/03

DOCUMENT # L02000022841

1. Limited Liability Company's Name

WWRC, LLC

REINSTATEMENT 2003

400024796794  
11/18/03--01033--002 \*\*150.00

2. Principal Office Address

2526 SW 35th LANE

Suite, Apt. #, etc.

3. Mailing Office Address

2526 SW 35th LANE

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33914

Country

USA

Zip

33914

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

09/04/2002

6. FEI Number

20-0001850

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LARROW, PAUL L.

Street Address (P.O. Box Number is Not Acceptable)

3501 DEL PRADO BOULEVARD

Suite, Apt. #, Etc.

312

City

CAPE CORAL

State

FL

Zip Code

33904

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Date 11/01/2003

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MMBR	WILLIAM RUMMELL, SR	2526 SW 35th LANE	CAPE CORAL, FL 33914
MMBR	WILLIAM RUMMELL, JR	2526 SW 35th LANE	CAPE CORAL, FL 33914

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Date 11/14/03

Daytime Phone # 239 541 2461

Typed or printed name of signing Managing Member/Manager