

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 OCT 25 PM 4:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DOCUMENT # L02000028332					
1. Entity Name WOCBERRY, LLC					
Principal Place of Business 2095 N.E. 30TH ROAD BOCA RATON, FL 33431			Mailing Address 2095 N.E. 30TH ROAD BOCA RATON, FL 33431		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 38-3663381	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHROEDER AND LARCHE, P.A. 120 EAST PALMETTO PARK ROAD, SUITE 150 BOCA RATON, FL 33432			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 <i>Gerald M. Wochna</i>			DATE 10/21/04		
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOCHITA, GERALD M 2095 NW 30TH RD. BOCA RATON, FL 33431	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOCHNA, GERALD M. Wochna, Gerald M 2095 NW 30th Rd Boca Raton, FL 33431	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200042161622 10/25/04--01074--015 ***150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.			REINSTATEMENT 2004		
SIGNATURE: <i>Gerald M. Wochna</i>			Date 10/21/04 Daytime Phone # 561-994-2531		
Signature and typed or printed name of signing managing member, manager, or authorized representative					