

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000015078

1. Entity Name
WARRIOR B.D., LLC



REINSTATEMENT

Principal Place of Business
2210 DONATO DRIVE
BELLEAIR BEACH, FL 33786

Mailing Address
~~2210 DONATO DRIVE~~
BELLEAIR BEACH, FL 33786

FILED
2004 OCT 26 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/10/04



10252004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business

3. Mailing Address
6000 Druid Rd. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Clearwater, Florida

Zip

Country

33756

USA

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATTS, STEPHEN G
809 DRUID ROAD EAST
CLEARWATER, FL 33756

Name
Stephen G. Watts

Street Address (P.O. Box Number is Not Acceptable)
6000 Druid Rd. E.

City
Clearwater

FL

33756

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

10/25/04

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
WATTS, STEPHEN G
809 DRUID ROAD EAST
CLEARWATER, FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Stephen G. Watts
6000 Druid Rd. E.
Clearwater, FL 33756 ☒ 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
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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.

SIGNATURE: X

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

10/25/04 727461 3232

Date

Daytime Phone #