

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000017804

**FILED**  
**Nov 09, 2004**  
**Secretary of State**

**Entity Name:** WE, LLC

**Current Principal Place of Business:**

2690 TUSKAWILLA ROAD  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

2690 TUSKAWILLA ROAD  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HUTCHINS, ROBERT J  
400 NORTH WYMORE ROAD, STE. 110  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

NICOLE, DIPIETRO  
1390 HOPE ROAD STE. 400  
MAITLAND,, FL 32751 US

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.

SIGNATURE: NICOLE DI PIETRO

11/09/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: WE LLC,  
Address: 2690 TUSKAWILA ROAD  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WE LLC

MGRM

11/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date