

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000040261

Entity Name: LVW, LLC

**FILED**  
**Oct 20, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

1839 CAPSTAN CT  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

1839 CAPSTAN CT  
THE VILLAGES, FL 32162

**New Mailing Address:**

FEI Number: 75-3140135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILCOX, DAVID W ESQUIRE  
308 13TH STREET WEST  
BRADENTON, FL 34205 US

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

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: DAVID W. WILCOX

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WELLS, LARRY V  
Address: 1839 CAPSTAN CT  
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM  
Name: WELLS, BARBARA B  
Address: 1839 CAPSTAN CT  
City-St-Zip: THE VILLAGES, FL 32162

I hereby 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: LARRY V. WELLS

MGRM

10/20/2013

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