


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 10:07

DOCUMENT # L03000044610 1. Entity Name WM TOWNHOMES, LLC																													
Principal Place of Business 3325 HOLLYWOOD BLVD #401 HOLLYWOOD, FL 33021		Mailing Address 3325 HOLLYWOOD BLVD #401 HOLLYWOOD, FL 33021																											
2. Principal Place of Business 540 NW 165th STREET ROAD Suite, Apt. #, etc. # 310 City & State Miami, FL Zip 33169		3. Mailing Address 540 NW 165th STREET ROAD Suite, Apt. #, etc. # 310 City & State Miami, FL Zip 33169		L03000044610C) 03242006 REIN-LLC CR2E101 (11/05)																									
Country USA		Country USA		4. FEI Number 14-1900586 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent DOMUS INVESTMENT GROUP, LLC 3325 HOLLYWOOD BLVD. #401 HOLLYWOOD, FL 33021																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State																									
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____ Date 3/24/06 Daytime Phone # (305) 944-8844																													