

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 21 AM 11:19

DOCUMENT # L03000055545

1. Entity Name
DAVID WILKINSON CARPENTRY LLC



Principal Place of Business
2105 POWELL ROAD
ST AUGUSTINE, FL 32084

Mailing Address
2105 POWELL ROAD
ST AUGUSTINE, FL 32084

2. Principal Place of Business
6425 SOLANO FARM Rd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

06192006 REIN-LLC CR2E101 (11/05)

City & State
ELKTON FL

City & State

4. FEI Number
200518994

Applied For
Not Applicable

Zip
32033

Country
ST. JOHNS

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, DAVID
2105 POWELL ROAD
ST AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name
DAVID WILKINSON

Street Address (P.O. Box Number is Not Acceptable)

6425 SOLANO FARM Rd

City
ELKTON

FL

Zip Code
32033

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 DAVID WILKINSON

26 JUNE 06

Signature, typed or printed name of registered agent and title if applicable.

(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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WILKINSON, DAVID
2105 POWELL ROAD
ST AUGUSTINE, FL 32084 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
6425 SOLANO FARM Rd
ELKTON FL 32033

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
200078270492
08/02/06--01033--006 **105.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Change ☐ Addition
REINSTATEMENT 05-06

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 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: DAVID WILKINSON

26 JUNE 06 (904) 8064772

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

Date

Daytime Phone #