

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000057404

**Entity Name:** MICHAEL D WILLIAMS LLC

**FILED**  
**Jan 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

131 BALSAM DRIVE  
ORLANDO, FL 32807

**New Principal Place of Business:**

4001 FALLEN PINE CT.  
ORLANDO, FL 32817

**Current Mailing Address:**

131 BALSAM DRIVE  
ORLANDO, FL 32807

**New Mailing Address:**

4001 FALLEN PINE CT.  
ORLANDO, FL 32817

**FEI Number:** 20-0539144      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

WILLIAMS, MICHAEL D  
131 BALSAM DRIVE  
ORLANDO, FL 32807      US

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

WILLIAMS, MICHAEL D  
4001 FALLEN PINE CT.  
ORLANDO, FL 32817      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: MICHAEL D. WILLIAMS

01/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WILLIAMS, MICHAEL D  
Address: 4001 FALLEN PINE CT.  
City-St-Zip: ORLANDO, FL 32817

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: MICHAEL D. WILLIAMS

MGR

01/17/2010

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