

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000057572

1. Entity Name
J.W.W. FRAMING, LLC



Principal Place of Business
3624 ROBIN RD
TALLAHASSEE, FL 32305

Mailing Address
3624 ROBIN RD
TALLAHASSEE, FL 32305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12272004 REIN-LLC CR2E101 (6/04)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, C J
3624 ROBIN RD
TALLAHASSEE, FL 32305

Name

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

City

FL

Zip Code

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12-27-04

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WASHINGTON, SIDNEY J
2691 CHASE WOOD TRAIL
TALLAHASSEE, FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800043681328
12/28/04--01056--003 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOHNSON, C J
3624 ROBIN RD
TALLAHASSEE, FL 32305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WASHINGTON, CLARENCE
5036 WILLIAM HATTIE LANE
TALLAHASSEE, FL 32309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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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 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 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:

[Signature]

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

Date

Daytime Phone #

12-27-04

FILED

2004 DEC 27 AM 11:00

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

