

# 2016 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

16 SEP 26 PM 9:31

**DOCUMENT # L04000001507**

1. Entity Name  
A. W. B., LLC



Principal Place of Business  
9844 KENAI DR  
TALLAHASSEE, FL 32311

Mailing Address  
6131 TRAILWOOD COURT  
TALLAHASSEE, FL 32311

000230583330  
09/26/16--01005--001 \*\*238.75



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #. etc.

Suite, Apt. #. etc.

City & State

City & State

Zip

Country

Zip

Country

09262016 REIN-LLC CR2E101 (12/11)

4. FEI Number  
41-2121090

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

BENNETT, ALFORD  
6131 TRAILWOOD CT.  
TALLAHASSEE, FL 32311

Name

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

City

FL

Zip Code

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

*Alf Bennett*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$238.75  
After January 1, 2017, Fee will be \$377.50**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  Delete  
NAME BENNETT, ALFORD  
STREET ADDRESS 9844 KENAI DR  
CITY- ST- ZIP TALLAHASSEE, FL 32311

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 16 4 02 AM

REINSTATEMENT

2016

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:

*Alf Bennett*

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

*RETE Framing @gmail*

E-MAIL ADDRESS

*MAN*