

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000002248

**Entity Name:** ERICA WILSON, LLC

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

12121 S FLORIDA AVE  
FLORAL CITY, FL 34436 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 82  
FLORAL CITY, FL 34436 US

**New Mailing Address:**

**FEI Number:** 20-0573125      **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:**

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

WILSON, ERICA  
12121 S FLORIDA AVE  
FLORAL CITY, FL 34453 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:** ERICA WILSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WILSON, ERICA  
**Address:** 12121 S FLORIDA AVE  
**City-St-Zip:** FLORAL CITY, FL 34436 US

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:** ERICA WILSON

OWNE

02/12/2010

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