

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000002686

1. Entity Name
WALTER MCMULLEN CONSTRUCTION LLC



FILED

06 FEB -2 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. HODGES

Principal Place of Business
2740 SPRING CREEK HWY
CRAWFORDVILLE, FL 32327

Mailing Address
2740 SPRING CREEK HWY
CRAWFORDVILLE, FL 32327



02022006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

MCMULLEN, WALTER
2740 SPRING CREEK HWY
CRAWFORDVILLE, FL 32327

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

(NOTE: Registered Agent signature required when reinstating)

2-2-06
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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCMULLEN, WALTER
2740 SPRING CREEK HWY
CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700065832007
02/14/06--01034--020 **100.00 ☐ Change ☐ Addition

TITLE
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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 606, Florida Statutes.

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

2-2-06
Date

Daytime Phone #