

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000008864

Entity Name: W.A. PURCELL, LLC

FILED  
Jan 30, 2007  
Secretary of State

**Current Principal Place of Business:**

10447 CRESTFIELD DR.  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

4234 BALINGTON DR  
VALRICO, FL 33594 US

**Current Mailing Address:**

10447 CRESTFIELD DR.  
RIVERVIEW, FL 33569 US

**New Mailing Address:**

4234 BALINGTON DR  
VALRICO, FL 33594 US

FEI Number: 20-0675502      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

PURCELL, WILLIAM A  
10447 CRESTFIELD DR.  
RIVERVIEW, FL 33637 US

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

PURCELL, WILLIAM A  
4234 BALINGTON DR  
VALRICO, FL 33594 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: W PURCELL

01/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PURCELL, WILLIAM A  
Address: 10447 CRESTFIELD DR.  
City-St-Zip: RIVERVIEW, FL 33569 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PURCELL, WILLIAM A  
Address: 4234 BALINGTON DR  
City-St-Zip: VALRICO, FL 33594 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: W PURCELL

MANG

01/30/2007

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