

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000009382

1. Entity Name
CLEAR WATER WELL DRILLING LLC



FILED

06 JAN 12 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01122006 REIN-LLC CR2E101 (11/05)

Principal Place of Business
31 ATKINSON RD.
CRAWFORDVILLE, FL 32327

Mailing Address
P.O. BOX 448
WOODVILLE, FL 32362

2. Principal Place of Business
46 Redman Rd.

3. Mailing Address
P.O. Box 448

City & State
Crawfordville, FL
Zip 32327 Country Wakulla

City & State
Woodville, FL
Zip 32362 Country Leon

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
DEAN, RANDALL W
31 ATKINSON RD.
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Allowed)
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 Randall W Dean (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAN, RANDALL W 31 ATKINSON RD. CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEAN, JEFFERY 1894 WILD CHERRY TALLAHASSEE, FL 32305 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULGHUM, CHARLES E 1864 SPRING CREEK HW. CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	46 Redman Rd. Seana L. Fulghum Crawfordville FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	46 Redman Rd. Gary L. Grantham Crawfordville FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900063962479 01/18/06--01042--002 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: Dean B. Dean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT

2006 2007