

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 29 AM 9:45

DOCUMENT # L04000014205

1. Entity Name
WINGS'N GOODYS LIMITED LIABILITY COMPANY



Principal Place of Business
5500 SE 17TH STREET
OCALA, FL 34471

Mailing Address
5500 SE 17TH STREET
OCALA, FL 34471

2. Principal Place of Business
4422 W. Hwy 4D
Suite, Apt. #, etc.
#6

3. Mailing Address
5500 SE 17th St
Suite, Apt. #, etc.



10102005 REIN-LLC CR2E101 (6/04)

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
81-0644481

Applied For
Not Applicable

Zip
USA

Zip
34471 USA

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

HUDSON, HENRY HAYES III
4400 SE 17TH STREET
OCALA, FL 34471

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$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 MGR Secretary
NAME Shirley Ingalls
STREET ADDRESS 3150 NE 36th St Lot 269
CITY-ST-ZIP Ocala, FL 34479 ☒ Delete

TITLE MGRM Pres.
NAME Henry H. Hudson III
STREET ADDRESS 5500 SE 17th St.
CITY-ST-ZIP Ocala, FL 34471 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM Pres.
NAME Merriam A. Hudson
STREET ADDRESS 5500 SE 17th St
CITY-ST-ZIP Ocala, FL 34471 ☐ Change ☒ Addition

TITLE MGRM V. Pres.
NAME Henry H Hudson Jr.
STREET ADDRESS 3450 N.W. 60th St.
CITY-ST-ZIP Ocala, FL 34475 ☐ Change ☐ Addition

TITLE MGRM Treasurer
NAME Martha M. Hudson
STREET ADDRESS 5500 SE 17th St.
CITY-ST-ZIP Ocala, FL 34471 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Henry H. Hudson III

10/17/05 352-266-1368

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

Date

Daytime Phone #