

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 21 AM 10:20

DOCUMENT # L04000028046

1. Entity Name  
BYERS & SELLARS LLC



Principal Place of Business

4231 15TH AVE SW  
NAPLES, FL 34116

Mailing Address

4231 15TH AVE SW  
NAPLES, FL 34116

2. Principal Place of Business

680 ROBERTS RD.

Suite, Apt. #, etc.

3. Mailing Address

680 ROBERTS RD.

Suite, Apt. #, etc.



10142005 REIN-LLC CR2E101 (6/04)

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

51-0507921

Applied For

Not Applicable

Zip

32259

Country

ST. JOHNS

Zip

32259

Country

ST. JOHNS

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, WILLIAM  
1129 MILL CREEK DR.  
JACKSONVILLE, FL 32259

7. Name and Address of New Registered Agent

Name  
WRIGHT, WILLIAM

Street Address (P.O. Box Number is Not Acceptable)

680 ROBERTS RD

City  
JACKSONVILLE

FL

Zip Code  
32259

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 William Scott Wright, MGRM

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

William Scott Wright

(NOTE: Registered Agent signature required when reinstating)

10/15/05

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2006, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WRIGHT, KENNETH D  
4231 15TH AVE SW  
NAPLES, FL 34116 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WRIGHT, WILLIAM S  
1129 MILLCREEK DRIVE  
JACKSONVILLE, FL 32259 ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300060852806 ☐ Change ☐ Addition  
10/21/05--01026--005 \*\*200.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WRIGHT, WILLIAM S.  
680 ROBERTS RD.  
JACKSONVILLE, FL 32259 ☒ 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

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 it 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: William Scott Wright, MGRM William Scott Wright 10/15/05 (904) 287-2850

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

Date

Daytime Phone #