		16-05
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGCTHIS FORMS TATE 20.05		
COMPANY	A DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS	06 DEC 29 AM 9: 05
DOCUMENT # L 040000 32968 1. Limited Liability Company's Name Ben Williams/Williams & Sons Septic Tank, LLC		CP3E044 (9/0E)
4725 B Williams L 412; Suite, Apt. #, etc. Suite, Apt. #	5. Date Org.	intry of Formation A
Tallahassee Fl Jalla Zip Country Zip 32303 USA 323	hase F1 Country 7. CERTIFICA	Applied For Not Applicable TE OF STATUS DESIRED \$5,00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name		
Tallahassee FL 32303		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date 12-15-06 REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Manager	<u></u>	
Titles Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR Ben Williams	4125 BWilliams Lr	Tallahussee/F1/3238
	E) 12/28	0082635886 70501056001 **50.00
	HERISTATEME	05-06
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect		
as if made under oath. Signature of Managing Member/Manager Bell Will— Date 12.15-06 Daytime Phone # (850),562-2070		
Typed or printed name of signing Managing Member/Manager Ben Williams		