

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000033628

**FILED**  
**Oct 18, 2005**  
**Secretary of State**

**Entity Name:** WAYNE M. ALLEN ARCHITECT, LLC

**Current Principal Place of Business:**

13950 CANAL DRIVE  
PENSACOLA, FL 32507 US

**New Principal Place of Business:**

7665 MOBILE HIGHWAY  
PENSACOLA, FL 32526 US

**Current Mailing Address:**

13950 CANAL DRIVE  
PENSACOLA, FL 32507 US

**New Mailing Address:**

7665 MOBILE HIGHWAY  
PENSACOLA, FL 32526 US

**FEI Number:** 81-0650472      **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:**

BURGESS, SUSAN  
13950 CANAL DRIVE  
PENSACOLA, FL 32507 US

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

WOODS, ANTOINETTE  
7665 MOBILE HIGHWAY  
PENSACOLA, FL 32526 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: ANTOINETTE WOODS

10/18/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: OWNE ( ) Change (X) Addition  
Name: ALLEN, WAYNE M MR  
Address: 7711 LITTLER BEND CIRCLE  
City-St-Zip: ANCHORAGE, AK 99507

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WAYNE M. ALLEN

OWNE

10/18/2005

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