

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000033967

**Entity Name:** WILSON CARPENTRY, LLC

**FILED**  
**Dec 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5071 SPRINGBANK ROAD  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

5071 SPRINGBANK ROAD  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

**FEI Number:** 20-1088298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILSON, DAVID W  
5071 SPRINGBANK ROAD  
GREEN COVE SPRINGS, FL 32043 US

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

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: DAVID W WILSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILSON, DAVID W  
Address: 5071 SPRINGBANK ROAD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby 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: DAVID W. WILSON

MGRM

12/13/2011

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