

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000043972

1. Entity Name
MICHAEL WURTH LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 13 AM 10:34

Principal Place of Business
5286 MILLSTREAM DR.
SAINT CLOUD, FL 34771 US

Mailing Address
5286 MILLSTREAM DR.
SAINT CLOUD, FL 34771 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



01092006 REIN-LLC CR2E101 (11/05)

4. FEI Number
Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WURTH, MICHAEL E
5286 MILLSTREAM DR.
SAINT CLOUD, FL 34771

7. Name and Address of New Registered Agent

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 *Michael Wurth* 1-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WURTH, MICHAEL E ☐ Delete
STREET ADDRESS 5286 MILLSTREAM DR.
CITY-ST-ZIP SAINT CLOUD, FL 34771

TITLE MGRM
NAME NASH, SHELLI L ☐ Delete
STREET ADDRESS 5286 MILLSTREAM DR.
CITY-ST-ZIP SAINT CLOUD, FL 34771

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 ☐ Change ☐ Addition
600064625136
01/27/06--01006--004 **205.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 05-06

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 exemptions contained in Chapter 119, 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: *Michael Wurth* 1/10/06 407-791-6439