

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000050264

**FILED**  
**Apr 06, 2006**  
**Secretary of State**

**Entity Name:** TIM WILKINS,LLC

**Current Principal Place of Business:**

1 RIVERSHORE DR.  
ORMOND BY THE SEA,, FL 32176

**New Principal Place of Business:**

1311 TURNBULL ST.  
#34  
NEW SMYRNA BEACH, FL 32168 US

**Current Mailing Address:**

1 RIVERSHORE DR.  
ORMOND BY THE SEA,, FL 32176

**New Mailing Address:**

1311 TURNBULL ST.  
#34  
NEW SMYRNA BEACH, FL 32168 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

TIM, WILKINS  
1 RIVERSHORE DR.  
ORMOND BY THE SEA, FL 32176 US

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

TIM, WILKINS R LLC  
1311 TURNBULL ST.  
#34  
NEW SMYRNA BEACH, FL 32168 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: TIM WILKINS

04/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: TIM, WILKINS  
Address: 1311 TURNBULL ST  
City-St-Zip: NEW SMYNA BEACH, FL 32168 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TIM WILKINS

MGR

04/06/2006

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