

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000075576

FILED
Nov 07, 2005
Secretary of State

Entity Name: WILKE ENTERPRISES, LLC

Current Principal Place of Business:

3580 S. OCEANSHORE BLVD., APT. 904
FLAGLER, FL 32136

New Principal Place of Business:

Current Mailing Address:

3580 S. OCEANSHORE BLVD., APT. 904
FLAGLER, FL 32136

New Mailing Address:

FEI Number: 04-3795034 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:

WILKE, GEORGE
3580 S. OCEANSHORE BLVD., APT. 904
FLAGLER, FL 32136 US

Name and Address of New Registered Agent:

WILKE, GEORGE A MR.
3580 S. OCEANSHORE BLVD., APT. 904
FLAGLER, FL 32136 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: GEORGE A WILKE

11/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILKE, GEORGE
Address: 3580 S. OCEANSHORE BLVD., APT. 904
City-St-Zip: FLAGLER, FL 32136

Title: MGR () Delete
Name: WILKE, NELL
Address: 3580 S. OCEANSHORE BLVD., APT. 904
City-St-Zip: FLAGLER, FL 32136

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGE A WILKE

MR

11/07/2005

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