

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000080526

Entity Name: WJM MANAGEMENT LLC

FILED  
Mar 17, 2009  
Secretary of State

**Current Principal Place of Business:**

1228 WHITEWOOD WAY  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

1228 WHITEWOOD WAY  
NICEVILLE, FL 32578

**New Mailing Address:**

FEI Number: 20-1854368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

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

MULLEN, WILLIAM T  
1228 WHITEWOOD WAY  
NICEVILLE, FL 32578 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: WILLIAM T. MULLEN

03/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MULLEN, WILLIAM  
Address: 1228 WHITEWOOD WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM ( ) Delete  
Name: MULLEN, MARY  
Address: 1228 WHITEWOOD WAY  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MULLEN, WILLIAM T  
Address: 1228 WHITEWOOD WAY  
City-St-Zip: NICEVILLE, FL 32578

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM T. MULLEN

MGRM

03/17/2009

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