

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 11 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000001137

1. Limited Liability Company's Name

WALKER FAMILY PARTNERSHIP, LLC

2. Principal Office Address - No P.O. Box #  
2456 SW 7th Avenue

Suite, Apt. #, etc.

City & State  
Ocala, FL

Zip  
34474

Country  
USA

3. Mailing Office Address  
2456 SW 7th Avenue

Suite, Apt. #, etc.

City & State  
Ocala, FL

Zip  
34474

Country  
USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 01/04/2005

6. FEI Number  
20-2116295

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
R. William Futch PA

Street Address (P.O. Box Number is Not Acceptable)  
610 SE 17th Street

Suite, Apt. #, Etc.

City  
Ocala

State  
FL

Zip Code  
34471

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/4/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Janet W. Robertson	2456 SW 7th Avenue	Ocala, FL 34474
			000097214320 04/17/07--01036--010 **100.00

REINSTATEMENT 06-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Janet W Robertson

Date 4/4/07

Daytime Phone# c/o 352-732-8080

Typed or printed name of signing Managing Member/Manager Janet W. Robertson