

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000030237

1. Entity Name  
M.W. CARPENTRY, LLC



FILED

2007 MAR -7 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
144 BROWN PELICAN DR.  
DAYTONA BEACH, FL 32119

Mailing Address  
144 BROWN PELICAN DR.  
DAYTONA BEACH, FL 32119

2. Principal Place of Business - No P.O. Box #

436 S. Palmetto Ave

3. Mailing Address

436 S. Palmetto Ave

Suite, Apt. #, etc.

Apt. G

Suite, Apt. #, etc.

Apt. G

City & State

City & State

Daytona Beach, FL

Daytona Beach, FL

Zip

32114

Country

U.S.A.

Zip

32114

Country

U.S.A.

02232007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

267933479

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALDRON, MICHAEL  
144 BROWN PELICAN DR.  
DAYTONA BEACH, FL 32119

7. Name and Address of New Registered Agent

Name

Waldron, Michael

Street Address (P.O. Box Number is Not Acceptable)

436 S. Palmetto Ave Apt. G

City

Daytona Beach, FL

Zip Code

32114

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 Waldron

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/07

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME WALDRON, MICHAEL  
STREET ADDRESS 144 BROWN PELICAN DR.  
CITY-ST-ZIP DAYTONA BEACH, FL 32119

☐ Delete

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STREET ADDRESS  
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGR  
NAME Waldron, Michael  
STREET ADDRESS 436 S. Palmetto Ave Apt. G  
CITY-ST-ZIP Daytona Beach, FL 32114

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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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 Waldron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/5/07

Date

(386)453-0677

Daytime Phone #

REINSTATEMENT 06-07

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