

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000044902

1. Entity Name  
FLEETWING, LLC



Principal Place of Business  
3501 NE 10TH STREET  
103  
OCALA, FL 34470

Mailing Address  
3501 NE 10TH STREET  
103  
OCALA, FL 34470

2. Principal Place of Business  
11005 SE 66th Terrace  
Suite, Apt. #, etc.

3. Mailing Address  
2215 SE Fort King St  
Suite, Apt. #, etc.  
B

01052007 REIN-LLC CR2E101 (11/05)



City & State  
Belleview, FL

City & State  
Ocala, FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
34420

Country  
USA

Zip  
34471

Country  
USA

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VOLKER, VIVIAN  
3501 NE 10TH STREET  
103  
OCALA, FL 34470

7. Name and Address of New Registered Agent

Name Karl Shearer

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

11005 SE 66th Terrace

City Belleview

FL

Zip Code  
34420

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

*Karl Shearer*

Karl Shearer

03-06-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME SHEARER, KARL ☐ Delete  
STREET ADDRESS 3501 NE 10TH STREET #103  
CITY-ST-ZIP Ocala, FL 34470

TITLE MGRM  
NAME SHEARER, JENNIE ☐ Delete  
STREET ADDRESS 3501 NE 10TH STREET #103  
CITY-ST-ZIP Ocala, FL 34470

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME Shearer, Karl ☒ Change ☐ Addition  
STREET ADDRESS 11005 SE 66th Terrace  
CITY-ST-ZIP Belleview, FL 34420

TITLE MGRM  
NAME Shearer, Jennie ☒ Change ☐ Addition  
STREET ADDRESS 11005 SE 66th Terrace  
CITY-ST-ZIP Belleview, FL 34420

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: *Karl Shearer*

Karl Shearer

03-06-07

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

Date

Daytime Phone #

FILED

2007 MAR -9 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-07

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