

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 30 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10302007 REIN-LLC CR2E101 (1/07)

4. FEI Number
73-1735334
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000047034			
1. Entity Name WILLIS RECOVERY AGENCY LLC			
Principal Place of Business 353 HWY 73 SOUTH MARIANNA, FL 32448		Mailing Address 353 HWY 73 SOUTH MARIANNA, FL 32448	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8037 Church ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SNEADS FL	
Zip	Country	Zip	Country
		32460	JACKSON

6. Name and Address of Current Registered Agent WILLIS, JAMES P 8037 CHURCH STREET SNEADS, FL 32460		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 James Willis
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIS, JAMES P 8037 CHURCH STREET SNEADS, FL 32460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200111642232 11/02/07--01037--025 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James Willis 10/30/07 8502098671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #