

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000062022

1. Entity Name
WOODROW WILSON JONES LLC



Principal Place of Business
3531 ROBIN ROAD
TALLAHASSEE, FL 32305

Mailing Address
3531 ROBIN ROAD
TALLAHASSEE, FL 32305

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06062008 REIN-LLC CR2E101 (1/07)

4. FEI Number
30-0322489

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, WOODROW W
3531 ROBIN ROAD
TALLAHASSEE, FL 32305

7. Name and Address of New Registered Agent

Name Woodrow Wilson Jones
Street Address (P.O. Box Number is Not Acceptable)

3531 Robin Rd

City Tall.

FL

Zip Code 32305

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 Woodrow Jones

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

(NOTE: Registered Agent signature required when reinstating)

6-6-08

DATE

FILE NOW!!! FEE IS \$277.50

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 JONES, WOODROW W ☐ Delete
STREET ADDRESS 3531 ROBIN ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME **800131091968**
STREET ADDRESS **06/10/08--01008--019 **277.50**
CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ Addition
NAME
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: Woodrow Jones

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

6-6-08

Date

Daytime Phone #

FILED

08 JUN -6 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

