
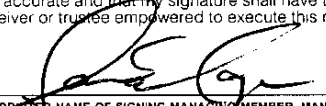


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000064243 1. Entity Name W & M HOLDINGS, LLC			
Principal Place of Business 1620 SE 12TH TERRACE CAPE CORAL, FL 33990		Mailing Address 1620 SE 12TH TERRACE CAPE CORAL, FL 33990	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9 MORINGS RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PETERLAN ON	
Zip	Country	Zip LOE INO	Country CANADA
6. Name and Address of Current Registered Agent MAYE, SAMUEL 1620 SE 12TH TERRACE CAPE CORAL, FL 33990		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMUEL, MAYE E 1620 SE 12TH TERRACE CAPE CORAL, FL 33990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300136688573 10/07/08--01007--008 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAURA, BARKER J 1620 SE 12TH TERRACE CAPE CORAL, FL 33990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, KIM R 1727 SE 39TH TERRACE CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, KAREN L 1727 SE 39TH TERRACE CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date: 3/21/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>	

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09302008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-3071389 Applied For Not Applicable

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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