

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000071584

**Entity Name:** WINDCHIME GROUP, LLC

**FILED**  
**Nov 22, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

4062 MISSION HILLS CIR W  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

4062 MISSION HILLS CIR W  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 20-3179009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SMITH, STAN B  
4062 MISSION HILLS CIR W  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** STAN B SMITH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** SMITH, STAN B  
**Address:** 4062 MISSION HILLS CIR W  
**City-St-Zip:** JACKSONVILLE, FL 32225 US

**Title:** MGR  
**Name:** SMITH, SANDRA  
**Address:** 4062 MISSION HILLS CIR W  
**City-St-Zip:** JACKSONVILLE, FL 32225 US

**Title:** MGR  
**Name:** HARRISON, JOHN D  
**Address:** 4062 MISSION HILLS CIR W  
**City-St-Zip:** JACKSONVILLE, FL 32225 US

**Title:** MGR  
**Name:** HARRISON, LINDA  
**Address:** 4062 MISSION HILLS CIR W  
**City-St-Zip:** JACKSONVILLE, FL 32256 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** STAN B SMITH

MGR

11/22/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date