

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000073454

1. Entity Name
WINCHESTER, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 25 AM 10:27

Principal Place of Business
785 WESTERN LAKE DRIVE
SEAGROVE BEACH, FL 32459 US

Mailing Address
785 WESTERN LAKE DRIVE
SEAGROVE BEACH, FL 32459 US

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

03252007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-3211373

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUTCHINSON, LARRY
785 WESTERN LAKE DRIVE
SEAGROVE BEACH, FL 32459

7. Name and Address of New Registered Agent

Name MICHAEL ROBERTS

Street Address (P.O. Box Number is Not Acceptable)
1123 ASTORIA LN

City PEACHTREE CITY GA FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Notice not received.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
W III & H LIMITED PARTNERSHIP, C/O HUTCHIN
785 WESTERN LAKE DRIVE
SEAGROVE BEACH, FL 32459 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Michael Roberts
1123 Astoria Ln
Peachtree City, GA 30269 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600112586416
05/19/08--01004--006 **216.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600112586416
11/27/07--01003--015 **200.00 ☐ Change ☐ Addition

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

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

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

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

MICHAEL ROBERTS

Date

Daytime Phone #

11/18/07 6784297584