

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000088162

Entity Name: W.S.BUILDERS, LLC

FILED  
Oct 08, 2009  
Secretary of State

## Current Principal Place of Business:

1250 MCDUFF AVE S  
JACKSONVILLE, FL 32205

## New Principal Place of Business:

1117 MONTEREY ST  
JACKSONVILLE, FL 32207 US

## Current Mailing Address:

1250 MCDUFF AVE S  
JACKSONVILLE, FL 32205

## New Mailing Address:

PO BOX 5189  
JACKSONVILLE, FL 32247 US

FEI Number: 20-3427466      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BRYANT, WILLIAM S  
1250 MCDUFF AVE S  
JACKSONVILLE, FL 32205 US

## Name and Address of New Registered Agent:

BRYANT, WILLIAM S  
1117 MONTEREY ST  
JACKSONVILLE, FL 32207 US

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: WILLIAM S. BRYANT

10/08/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BRYANT, WILLIAM S  
Address: 1250 MCDUFF AVE S  
City-St-Zip: JACKSONVILLE, FL 32205

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BRYANT, WILLIAM S  
Address: 1117 MONTEREY ST.  
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 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: WILLIAM S. BRYANT

MGRM

10/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date