

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000098001

**Entity Name:** WALDRON CARPENTRY, LLC

**FILED**  
**Oct 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

518 MAGNOLIA AVE  
LEHIGH ACRES, FL 33972

**New Principal Place of Business:**

3319 2ND STREET SW  
LEHIGH ACRES, FL 33976

**Current Mailing Address:**

518 MAGNOLIA AVE  
LEHIGH ACRES, FL 33972

**New Mailing Address:**

3319 2ND STREET SW  
LEHIGH ACRES, FL 33976

**FEI Number:** 16-1737449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALDRON, ROBERT  
518 MAGNOLIA AVE  
LEHIGH ACRES, FL 33972 US

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

WALDRON, ROBERT  
3319 2ND STREET SW  
LEHIGH ACRES, FL 33976 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: ROBERT WALDRON

10/17/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WALDRON, ROBERT  
Address: 3319 2ND STREET SW  
City-St-Zip: LEHIGH ACRES, FL 33976

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 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: ROBERT WALDRON

P

10/17/2012

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