

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000101335

Entity Name: R. CLAY WILLETTLLC

**FILED**  
**Oct 15, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

2058 INDIGO DR.  
NAVARRE, FL 32566

**New Principal Place of Business:**

4615 B. LOWERY RD.  
MILTON, FL 32583 25

**Current Mailing Address:**

2058 INDIGO DR.  
NAVARRE, FL 32566

**New Mailing Address:**

4615 B. LOWERY RD  
MILTON, FL 32583 25

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

WILLETT, RICHARD C  
2058 INDIGO DR.  
NAVARRE, FL 32566 US

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

WILLETT, RICHARD C  
4615 B. LOWERY RD  
MILTON, FL 32583 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: R. CLAY WILLETT

10/15/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILLETT, RICHARD C  
Address: 2058 INDIGO DR.  
City-St-Zip: NAVARRE, FL 32566

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WILLETT, RICHARD C  
Address: 4615 B. LOWERY RD.  
City-St-Zip: MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify for the 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: R. CLAY WILLETT

MGR

10/15/2006

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