

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000102973

**FILED**  
**Feb 22, 2007**  
**Secretary of State**

**Entity Name:** THOMAS A WOJCIECHOWSKI LLC

**Current Principal Place of Business:**

11 SYCAMORE CT W  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

11 SYCAMORE CT W  
HOMOSASSA, FL 34446

**New Mailing Address:**

**FEI Number:** 15-1469126      **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:**

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

WOJCIECHOWSKI, THOMAS A  
11 SYCAMORE CT W  
HOMOSASSA, FL 34446      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:** THOMAS A WOJCIECHOWSKI

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** WOJCIECHOWSKI, THOMAS A  
**Address:** 11 SYCAMORE CT W  
**City-St-Zip:** HOMOSASSA, FL 34446

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** THOMAS A WOJCIECHOWSKI

MGR

02/22/2007

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