

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000103342

**FILED**  
**Oct 25, 2006**  
**Secretary of State**

**Entity Name:** THE WILSON COLLABORATIVE, LLC

**Current Principal Place of Business:**

1221 OYSTER COVE DRIVE  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

1221 OYSTER COVE DRIVE  
SARASOTA, FL 34242

**New Mailing Address:**

**FEI Number:** 20-3790792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILSON, PATRICIA JEAN  
1221 OYSTER COVE DRIVE  
SARASOTA, FL 34242 US

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

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:** PATRICIA J. WILSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** MR ( ) Change (X) Addition  
**Name:** WILSON, HERSCHEL L  
**Address:** 569 BUTTONWOOD BAY  
**City-St-Zip:** BOCA GRANDE, FL 33921 US

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:** LARRY WILSON

MR

10/25/2006

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