

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000121983

Entity Name: FULWOOD-THOMASON LLC

**FILED**  
**Nov 20, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

3907 HENDERSON BLVD.  
200  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3907 HENDERSON BLVD.  
200  
TAMPA, FL 33629

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

MCCONNELL, WILL  
3907 HENDERSON BLVD.  
200  
TAMPA, FL 33629 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: WILL MCCONNELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FULWOOD, RONNIE D TRUSTEE  
Address: 5611 S. SHERWOOD AVE. UNIT #1  
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM ( ) Delete  
Name: THOMASON, EUGENE TRUSTEE  
Address: 17914 ST. CROIX ISLE DR.  
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES:**

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

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: RONNIE FULWOOD

MGRM

11/20/2006

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