

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000001153

Entity Name: WELLS BUILDERS L.L.C.

FILED
Oct 15, 2007
Secretary of State

Current Principal Place of Business:

3655 CENTRAL AVENUE
ST. PETERSBURG, FL 33713

New Principal Place of Business:

4905 34TH STREET SOUTH
115
ST. PETERSBURG, FL 33711

Current Mailing Address:

3655 CENTRAL AVENUE
ST. PETERSBURG, FL 33713

New Mailing Address:

4905 34TH STREET SOUTH
115
ST. PETERSBURG, FL 33711

FEI Number: 83-0450002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WELLS, KEVIN S
3655 CENTRAL AVENUE
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

WELLS, KEVIN S
4905 34TH STREET SOUTH
115
ST. PETERSBURG, FL 33711 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: KEVIN WELLS

10/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WELLS, KEVIN S
Address: 3655 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33713

Title: MGR (X) Delete
Name: ISOM, LAKESHA
Address: 3655 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33713

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WELLS, KEVIN S
Address: 4905 34TH STREET SOUTH #115
City-St-Zip: ST. PETERSBURG, FL 33711

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

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN WELLS

MGR

10/15/2007

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