

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
AND  
FILED

13 NOV -8 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000028032

1. Entity Name  
WILL'S MAINTENANCE LLC



Principal Place of Business  
505 HICKORY LANE  
HAVANA, FL 32333

Mailing Address  
505 HICKORY LANE  
HAVANA, FL 32333



11082013 REIN-LLC CR2E101 (12/11)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
80-0803075

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHRINER, III, WILL R  
505 HICKORY LANE  
HAVANA, FL 32333

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75  
After January 1, 2014, Fee will be \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
SHRINER, WILL  
505 HICKORY LANE  
HAVANA, FL 32333 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
COOPER, JOSHUA  
1313 PULLEN RD  
TALLAHASSEE, FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
000253708910  
11/12/13--01001--011 \*\*\*238.75

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
ROWE, DAVID III  
21 HOLLY AVE  
CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

Trimwork123@yahoo.com

E-MAIL ADDRESS

RC 11/8/13