

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2010 DEC 29 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/29/10--01035--003 **516.25

CR2E041 (05/10)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000042944

1. Limited Liability Company's Name

WP 2905, LLC

2. Principal Office Address - No P.O. Box #

905 Shaded Water Way

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Zip

33549

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/14/2006

6. FEI Number

29-1820011

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Geoffrey Todd Hodges

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

905 Shaded Water Way

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Geoffrey Todd Hodges

REGISTERED AGENT MUST SIGN

Date 12/28/2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Geoffrey Todd Hodges	905 Shaded Water Way	Lutz, FL 33549

REINSTATEMENT 08/10 AL

11. E-mail Address qthodges1@msn.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Geoffrey Todd Hodges

Date 12/28/2010

Daytime Phone # 813-935-3650

Typed or printed name of signing Managing Member/Manager Geoffrey Todd Hodges