


**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

07 OCT 17 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000048806					
1. Entity Name WILLIAM A. ROBERTS, LLC					
Principal Place of Business 11601 N CAROLINA DR BONITA SPRINGS, FL 34135 US		Mailing Address 11601 N CAROLINA DR BONITA SPRINGS, FL 34135 US			
2. Principal Place of Business, No P.O. Box #		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10172007 REIN-LLC CR2E101 (1/07)	
4. FEI Number 20-5024075		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name: WILLIAM A ROBERTS Street Address (P.O. Box Number is Not Acceptable) 11601 N. CAROLINA DR BONITA SPRINGS FL 34135		
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: <i>William A Roberts</i>			DATE: 10/16/07		
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, WILLIAM A		NAME		
STREET ADDRESS	11601 N CAROLINA DR		STREET ADDRESS		
CITY, ST, ZIP	BONITA SPRINGS, FL 34135		CITY, ST, ZIP	10/16/07--01018--012	**100.00
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, KATHRYN R		NAME		
STREET ADDRESS	11601 N CAROLINA DR		STREET ADDRESS		
CITY, ST, ZIP	BONITA SPRINGS, FL 34135		CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
2007 REINSTATEMENT DB					
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: <i>William A Roberts</i>			DATE: 10/16/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE		