

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 NOV 19 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000049328



1. Entity Name  
WHR II, LLC

Principal Place of Business  
246 MORNINGSID DRIVE  
SARASOTA, FL 34236 US

Mailing Address  
246 MORNINGSID DRIVE  
SARASOTA, FL 34236 US

2. Principal Place of Business - No P.O. Box #  
540 JOHN RINGLING BLVD  
Suite, Apt. #, etc.

3. Mailing Address  
540 JOHN RINGLING BLVD  
Suite, Apt. #, etc.

City & State  
SARASOTA FL  
Zip 34236 Country

City & State  
SARASOTA FL  
Zip 34236 Country



11162008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MESSICK, ROBERT E ESQ.  
2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

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 *See Signature in block 11*

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, 2009, Fee will be \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME ROOKS, W. HOWARD  
STREET ADDRESS 246 MORNINGSID DRIVE  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition  
NAME ROBERT C MORRIS  
STREET ADDRESS 540 JOHN RINGLING BLVD  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGRM ☐ Change ☒ Addition  
NAME LISA R. MORRIS  
STREET ADDRESS 540 JOHN RINGLING BLVD  
CITY-ST-ZIP SARASOTA, FL 34236

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

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

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

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

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

Date

Daytime Phone #

REINSTATEMENT 08

11-16-08 (941) 388-2100