

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 30 PM 2:30

DOCUMENT # L06000061639

1. Limited Liability Company's Name

Williams Four Star Fencing LLC

800139356168
12/30/08--01035--008 **138.75
CR2E041 (10/08)

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

3109 Spring Glen Rd

Suite, Apt. #, etc.

Suite 301

City & State

Jacksonville, FL

Zip

32207

Country

Duval

3. Mailing Office Address

3109 Spring Glen Rd

Suite, Apt. #, etc.

Suite 301

City & State

Jacksonville, FL

Zip

32207

Country

Duval

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 6/16/06

6. FEI Number

205364335

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

Leonard B Williams Sr

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

6314 Lindenwood Ct S

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32244

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Leonard Williams

REGISTERED AGENT MUST SIGN

Date

12/23/08

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	Leonard B Williams Sr	6314 Lindenwood Ct S	Jacksonville, FL 32207

11/27/07 01003 008
\$100.00

REINSTATEMENT 2007-08

11. 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

Leonard Williams

Date

12/23/08

Daytime Phone #

904.994-7376

Typed or printed name of signing Managing Member/Manager

Leonard Williams