

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000067476

Entity Name: W AND B, LLC

**FILED**  
**Sep 26, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2065 THOMASVILLE RD  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2065 THOMASVILLE RD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DEAN, D. WILSON  
2065 THOMASVILLE RD  
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: WILSON D, DEAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEAN, D. WILSON  
Address: 2065 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILSON D. DEAN

MGRM

09/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date