

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000073699

Entity Name: W.S. TRIMWORKS, LLC

**FILED**  
**Oct 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10337 SWARTHMORE DR  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

10337 SWARTHMORE DR  
JACKSONVILLE, FL 32218 US

**New Mailing Address:**

FEI Number: 11-3785524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STRICKLAND, WILLIAM M  
10337 SWARTHMORE DR  
JACKSONVILLE, FL 32218 US

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

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: WILLIAM M STRICKLAND

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STRICKLAND, WILLIAM M  
Address: 10337 SWARTHMORE DR  
City-St-Zip: JACKSONVILLE, FL 32218 FL

I hereby 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: WILLIAM M STRICKLAND

OWNE

10/24/2010

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