

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000080043

**FILED**  
**Sep 21, 2007**  
**Secretary of State**

**Entity Name:** CARL C WILEY, LLC

**Current Principal Place of Business:**

13 S MONROE AVENUE  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 295  
NOCATEE, FL 34268 US

**New Mailing Address:**

FEI Number: 20-5373164      FEI Number Applied For ( )      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:**

AMES, ANDREW T CPA, CFP  
128 W OAK STREET  
ARCADIA, FL 34266 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: ANDREW T. AMES, CPA, CFP

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WILEY, CARL C  
Address: P O BOX 295  
City-St-Zip: NOCATEE, FL 34268 US

**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: CARL C. WILEY

MGRM

09/21/2007

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