

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000084088

**Entity Name:** W.P. RILEY LLC.

**FILED**  
**Oct 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3300 RIVERFALE DRIVE  
DADE CITY, FL 33523

**New Principal Place of Business:**

18204 MT.OLIVE DR.  
DADE CITY, FL 33523

**Current Mailing Address:**

3300 RIVERFALE DRIVE  
DADE CITY, FL 33523

**New Mailing Address:**

18204 MT.OLIVE DR.  
DADE CITY, FL 33523

**FEI Number:** 20-5711811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALLER, CHARLES D ESQ  
38038 MERIDIAN AVENUE  
DADE CITY, FL 33525 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:** CHARLES D. WALLER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RILEY, WEYLIN R  
**Address:** 3300 RIVERFALE DRIVE  
**City-St-Zip:** DADE CITY, FL 33523

**Title:** MGRM  
**Name:** RILEY, JESSIE L  
**Address:** 3300 RIVERFALE DRIVE  
**City-St-Zip:** DADE CITY, FL 33523

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:** WEYLIN RILEY

MGRM

10/03/2010

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