

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000084088

Entity Name: W.P. RILEY LLC.

**FILED**  
**Oct 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

18204 MT.OLIVE DR.  
DADE CITY, FL 33523

**New Principal Place of Business:**

18204 MOUNT OLIVE DRIVE  
DADE CITY, FL 33523

**Current Mailing Address:**

18204 MT.OLIVE DR.  
DADE CITY, FL 33523

**New Mailing Address:**

18204 MOUNT OLIVE DRIVE  
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:**

RILEY, WEYLIN  
18204 MOUNT OLIVE DRIVE  
DADE CITY, FL 33523 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: WEYLIN RILEY

10/15/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RILEY, WEYLIN R  
Address: 18204 MOUNT OLIVE 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: WELIN RILEY

MGRM

10/15/2012

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