


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L07000024133					
1. Limited Liability Company's Name <div style="text-align: center;">W&R, LLC</div>					
2. Principal Office Address - No P.O. Box # 6831 W. BEAVER STREET		3. Mailing Office Address 6831 W. BEAVER STREET		4. State/Country of Formation FLORIDA	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Date Organized or Qualified To Do Business in Florida 3/5/2007	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE FL		6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 32254-2709	Country USA	Zip 32254-2709	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent					
Name F & L CORP.					
Street Address (P.O. Box Number is Not Acceptable) Suite, ONE INDEPENDENT DRIVE, SUITE 1300					
Apt. #, Etc					
City JACKSONVILLE		State FL	Zip Code 32254-2079		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent <i>Michael B. Sam</i>				Date FEBRUARY 1, 2021	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles MGR	Name of Authorized Representatives/Managers GAYLORD, GREG	Street Address of Each Authorized Representative/Manager 6831 WEST BEAVER STREET	City / State / Zip JACKSONVILLE, FL 32254		
(To be used for future annual report notifications)		FEB-03-2021			
11. E-mail Address: michelle@southernwrecker.com					
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
Signature of authorized representative/member <i>Neda Sharif</i>		Date 2/1/2021		Daytime Phone # 904-359-8720	
Typed or printed name of signing authorized representative/member Neda Sharif , authorized representative					