

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000025756

**Entity Name:** WILLIAMS-SQUIREWELL, LLC

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

109 16TH STREET NE  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

109 16TH STREET NE  
NAPLES, FL 34120 US

**New Mailing Address:**

109 16TH STREET NE  
NAPLES, FL 34120

**FEI Number:** 20-8595459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SQUIREWELL, ANGELIC  
109 16TH ST. NE  
NAPLES, FL 34120 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:** ANGELIC SQUIREWELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SQUIREWELL, ANGELIC  
**Address:** 109 16TH ST. NE  
**City-St-Zip:** NAPLES, FL 34120 US

**Title:** MGRM  
**Name:** WILLIAMS, DALE M  
**Address:** 109 16TH STREET NE  
**City-St-Zip:** NAPLES, FL 34120 US

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:** ANGELIC SQUIREWELL

MGRM

02/23/2010

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