

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000028609

**FILED**  
**Dec 02, 2008**  
**Secretary of State**

**Entity Name:** WMS CONSTRUCTION, LLC

**Current Principal Place of Business:**

6599 NW 1CT  
MARGATE, FL 33063

**New Principal Place of Business:**

3590 BLUE LAKE DR  
#304  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

6599 NW 1CT  
MARGATE, FL 33063

**New Mailing Address:**

3590 BLUE LAKE DR  
#304  
POMPANO BEACH, FL 33064

**FEI Number:** 20-8643964      **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:**

SANTOS, WANDERSON M  
6599 NW 1CT  
MARGATE, FL 33063      US

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

SANTOS, WANDERSON M  
3590 BLUE LAKE DR  
#304  
POMPANO BEACH, FL 33064      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: WANDERSON M SANTOS

12/02/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: SANTOS, WANDERSON M  
Address: 3590 BLUE LAKE DR # 304  
City-St-Zip: POMPANO BEACH, FL 33064

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: WANDERSON M SANTOS

MGR

12/02/2008

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