

L07000064659

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000064659

1. Limited Liability Company's Name

Williams Const. L.L.C.

2010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR - 1 PM 3:04

CR2E041 (11/10)

2. Principal Office Address - No P.O. Box #

2637 Rowell Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Cottondale FL

City & State

Zip

32431

Country

US

Zip

Country

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

6-19-07

6. FEI Number

59-1311096

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LARRY Williams

Street Address (P.O. Box Number is Not Acceptable)

2637 Rowell Rd

Suite, Apt. #, Etc.

City

Cottondale

State

FL

Zip Code

32431

800223533148

03/02/12--01001--001 **500.00

800223533148

03/02/12--01001--002 **16.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Larry Williams

Date 3/1/12

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Paul E Williams	2637 Rowell Rd	Cottondale FL 32431
mgrm	Nathan L. Alva	2637 Rowell Rd	Cottondale FL 32431
mgrm	Hollis A. Williams	2637 Rowell Rd	Cottondale FL 32431
mgrm	Larry Williams	2637 Rowell Rd	Cottondale FL 32431
REINSTATEMENT 2010-2012			

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 requirements of section 608.406, 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

Managing Member/Manager

Larry Williams

Date 3/1/12

Daytime Phone #

850-573-3151

Typed or printed name of signing Managing Member/Manager