

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000092999

Entity Name: W.T. ENTERPRISES, LLC

FILED  
Nov 20, 2009  
Secretary of State

## Current Principal Place of Business:

12598 EMERALD COAST PARKWAY  
SUITE 202  
DESTIN, FL 32550

## New Principal Place of Business:

174 SOUTH ZANDER WAY  
SANTA ROSA BEACH, FL 32459

## Current Mailing Address:

12598 EMERALD COAST PARKWAY  
SUITE 202  
DESTIN, FL 32550

## New Mailing Address:

174 SOUTH ZANDER WAY  
SANTA ROSA BEACH, FL 32459

FEI Number: 26-0890316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HARRISON, WILLIAM T JR.  
164 SOUTH ZANDER WAY  
SANTA ROSA BEACH, FL 32459 US

## Name and Address of New Registered Agent:

HARRISON, WILLIAM T JR.  
174 SOUTH ZANDER WAY  
SANTA ROSA BEACH, FL 32459 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: WILLIAM T HARRISON JR.

11/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HARRISON, WILLIAM T JR  
Address: 164 SOUTH ZANDER WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HARRISON, WILLIAM T JR  
Address: 174 SOUTH ZANDER WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: WILLIAM T HARRISON JR.

MGR

11/20/2009

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