

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000085826

**Entity Name:** W.S.T. ENTERPRISES, LLC.

**FILED**  
**Aug 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

325 MONTANA AVENUE  
SAINT CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

325 MONTANA AVENUE  
SAINT CLOUD, FL 34769

**New Mailing Address:**

**FEI Number:** 26-3328012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURNER, WESLEY S  
325 MONTANA AVENUE  
SAINT CLOUD, FL 34769 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: WESLEY TURNER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** TURNER, WESLEY S  
**Address:** 325 MONTANA AVENUE  
**City-St-Zip:** SAINT CLOUD, FL 34769

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: WESLEY TURNER

PRES

08/26/2012

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