

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000075479

**Entity Name:** WILLIAM M COCHRAN LLC

**FILED**  
**Feb 22, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

1134 SE MENDOZA AVE  
PORT SIANT LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1134 SE MENDOZA AVE  
PORT SIANT LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 27-0323962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** WILLIAM COCHRAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** COCHRAN, WILLIAM  
**Address:** 1134 SE MENDOZA AVE  
**City-St-Zip:** PORT SIANT LUCIE, FL 34952

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:** WILLIAM COCHRAN

MGRM

02/22/2013

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