

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000033974

**FILED**  
**Oct 14, 2013**  
**Secretary of State**

**Entity Name:** ALEX WELLS PHOTOGRAPHY, LLC

**Current Principal Place of Business:**

114 W. CODA CIR  
DELRAY BEACH, FL 33444 US

**New Principal Place of Business:**

114 WEST CODA CIR  
DELRAY BEACH, FL 33444 US

**Current Mailing Address:**

114 W. CODA CIR  
DELRAY BEACH, FL 33444 US

**New Mailing Address:**

114 WEST CODA CIR  
DELRAY BEACH, FL 33444 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WELLS, ALEX  
114 W. CODA CIR  
DELRAY BEACH, FL 33444 US

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

WELLS, ALEX  
114 WEST CODA CIR  
DELRAY BEACH, FL 33444 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: ALEX WELLS

10/14/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WELLS, ALEX  
Address: 114 WEST CODA CIR  
City-St-Zip: DELRAY BEACH, FL 33444 US

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: ALEX WELLS

MGRM

10/14/2013

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