

# 2015 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L13000017524

1. Entity Name  
WATSON ENTERPRISES LLC



15 SEP 28 PM 1:25

Principal Place of Business  
1834 NEWMAN LN  
TALLAHASSEE, FL 32312

Mailing Address  
P.O. BOX 7323  
TALLAHASSEE, FL 32314

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09282015 REIN-LLC CR2E101 (12/11)

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, TERRY V  
1834 NEWMAN LN  
TALLAHASSEE, FL 32312

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Terry V. Watson*

(NOTE: Registered Agent signature required when reinstating)

9/28/15

DATE

FILE NOW!!! FEE IS \$238.75  
After January 1, 2016, Fee will be \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME WATSON, ALEXANDER V  
STREET ADDRESS P.O. BOX 7323  
CITY - ST - ZIP TALLAHASSEE, FL 32314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE MGRM ☐ Delete  
NAME WATSON, TERRY  
STREET ADDRESS P.O. BOX 7323  
CITY - ST - ZIP TALLAHASSEE, FL 32314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE MGRM ☐ Delete  
NAME WATSON, PAMELA R  
STREET ADDRESS P.O. BOX 7323  
CITY - ST - ZIP TALLAHASSEE, FL 32314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE MGRM ☐ Delete  
NAME WATSON, BRANDON J  
STREET ADDRESS P.O. BOX 7323  
CITY - ST - ZIP TALLAHASSEE, FL 32314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE MGRM ☐ Delete  
NAME WATSON, RICHARD C  
STREET ADDRESS P.O. BOX 7323  
CITY - ST - ZIP TALLAHASSEE, FL 32314

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*Terry V. Watson*

9/28/15 WATSONPP2@LANCASH.NET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

E-MAIL ADDRESS