

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M02000000348

1. Entity Name
MCMILLAN WINGATE ANTIQUES AND INTERIORS, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:10

Principal Place of Business
206 BELLEVILLE AVE., PO. BOX 913
BREWTON, AL 36426

Mailing Address
206 BELLEVILLE AVE., PO. BOX 913
BREWTON, AL 36426



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212007 REIN-LLC

CR2E101 (1/07)

City & State

City & State

4. FEI Number

63-1253403

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

WIGGINS MARTIN, DAPHNE
35008 EMERALD COAST PARKWAY, SUITE 202
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name

GABRIELLA H. DORTCH

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

7801 JONES ROAD

City

WALNUT HILL

FL

Zip Code
32568

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

Gabriella H. Dortch

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23-07

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
MCMILLAN, PERRI R
206 BELLEVILLE AVE., PO. BOX 913
BREWTON, AL 36426

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MBR
EDWARD L. MCMILLAN III
424 BELLEVILLE AVE
BREWTON, AL 36426

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400087210824
02/05/07--01004-013 **200.00

☐ Change ☐ Addition

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REINSTATEMENT 06-07

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

Date

Daytime Phone #