

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000075326

Entity Name: W.L.L.P. COMPANY

FILED
Oct 10, 2009
Secretary of State

Current Principal Place of Business:

709 ZEBU PL
FORT MYERS, FL 33913 US

New Principal Place of Business:

5407 BERRYMAN STREET
LEHIGH ACRES, FL 33971 US

Current Mailing Address:

709 ZEBU PL
FORT MYERS, FL 33913

New Mailing Address:

5407 BERRYMAN STREET
LEHIGH ACRES, FL 33971 US

FEI Number: 20-0079108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HERRERA, INDIRA
3405 WINKLER AVE
FORT MYERS, FL 33916 US

Name and Address of New Registered Agent:

MADE IN BRAZIL INSURANCE AND SERVICES AGEN
2301 FOWLER STREET
SUITE 3
FORT MYERS, FL 33901 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: MARIA M. CALDAS-LOPES

10/10/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: DOS SANTOS, WALTER A
Address: 709 ZEBU PL
City-St-Zip: FORT MYERS, FL 33913

Title: T, D () Delete
Name: DOS SANTOS, LILIA OLIVEIRA
Address: 709 ZEBU PL
City-St-Zip: FORT MYERS, FL 33063 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: DOS SANTOS, WALTER A
Address: 5407 BERRYMAN STREET
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: T, D (X) Change () Addition
Name: DOS SANTOS, LILIA OLIVEIRA
Address: 5407 BERRYMAN STREET
City-St-Zip: LEHIGH ACRES, FL 33971 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER ALVES DOS SANTOS

P

10/10/2009

Electronic Signature of Signing Officer or Director

Date