

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000024439

**Entity Name:** WILLIAM INMAN COMPANY LLC

**Current Principal Place of Business:**

4446-A  
UNITE 412  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4446-A  
UNITE 412  
JACKSONVILLE, FL 32207 US

**FEI Number:** 59-3409045

**Certificate of Status Desired:** No

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

INMAN, WILLIAM  
4977 RIVER POINT RD.  
JACKSONVILLE, FL 32207 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:** WILLIAM INMAN

01/17/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name INMAN, WILLIAM  
Address 4977 RIVER POINT RD.  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM INMAN

**MEMBER**

01/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date