

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000090947

**FILED**  
**Feb 28, 2013**  
**Secretary of State**

**Entity Name:** RESIDENTIAL DETAILING BY ALEX SARDINA, L.L.C.

**Current Principal Place of Business:**

3590 8TH AVENUE NE  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

3590 8TH AVENUE NE  
NAPLES, FL 34120

**New Mailing Address:**

**FEI Number:** 20-1907540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SARDINA, ALEX  
3590 8TH AVENUE NE  
NAPLES, FL 34120 US

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

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 SARDINA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SARDINA, ALEX  
**Address:** 3590 8TH AVENUE NE  
**City-St-Zip:** NAPLES, FL 34120 US

**Title:** MGRM  
**Name:** SARDINA, LORI  
**Address:** 3590 8TH AVE. N.E.  
**City-St-Zip:** NAPLES, FL 34120 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 SARDINA

MGRM

02/28/2013

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