

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000049709

Entity Name: NIKKI VIEW DRIVE, LLC

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1139 NIKKI VIEW DR.  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

5105 N. ARMENIA  
TAMPA, FL 336031405

**New Mailing Address:**

FEI Number: 64-0961828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGLIANO, DENNIS S  
5105 N. ARMENIA  
TAMPA, FL 336031405 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: DENNIS S. AGLIANO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR.  
Name: BOOTHBY, RENE A  
Address: 5105 N. ARMENIA AVE.  
City-St-Zip: TAMPA, FL 33603

Title: MR.  
Name: AGLIANO, DENNIS S  
Address: 5105 N. ARMENIA AVE  
City-St-Zip: TAMPA, FL 33603

Title: MR.  
Name: RIVERA, MIGUEL A  
Address: 5105 N. ARMENIA AVE.  
City-St-Zip: TAMPA, FL 33603

Title: MR  
Name: POWELL, SCOTT A  
Address: 1139 NIKKI VIEW DR.  
City-St-Zip: TAMPA, FL 33603

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: CARLOS VARGAS

MR

02/29/2012

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