

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000011882

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** STEPHEN ADZIMA ST. AUGUSTINE, LLC

**Current Principal Place of Business:**

1750 TREE BLVD.  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

1750 TREE BLVD.  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 20-8375501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOLES, JOSEPH L  
19 RIBERIA STREET  
ST. AUGUSTINE, FL 32084 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: JOSEPH L. BOLES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ADZIMA, STEPHEN  
Address: 1750 TREE BLVD STE 1  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: MGRM  
Name: ADZIMA, ROXANNE  
Address: 1750 TREE BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: STEPHEN ADZIMA

MGRM

03/01/2012

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