

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

L0100005201

FILED

02 DEC -2 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005201

Name and Mailing Address

0001391 01 FP 0.352 \*\*PRSRT T5 0 0615 33040-694806



LITTLE BYTES, L.L.C.  
1106 EGLIN LANE  
KEY WEST FL 33040-6948



2. New Mailing Address

931 Fleming Street

City, State, Zip

Key West FL 33040

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

04/02/2001

Principal Place of Business

1106 EGLIN LANE  
KEY WEST FL 33040

3. New Principal Place of Business Address

931 Fleming Street

City, State, Zip

Key West FL 33040

6. FEI Number

65-1090304

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

ITTMANN, SARAH M  
1106 EGLIN LANE  
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name

Steven Pribramsky

Street Address (P.O. Box Number is Not Acceptable)

931 Fleming Street

City

Key West

FL

Zip Code

33040

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Sarah M. Ittman

REGISTERED AGENT MUST SIGN

Date

11-1-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ITTMANN, SARAH M	1106 EGLIN LANE	KEY WEST FL 33040

REINSTATEMENT

2002

MK

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Sarah M. Ittman

Date

11-1-02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Sarah M. Ittman