

L01000011849

2004 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L01000011849
1. Entity Name
99CENT STUFF - LAUDERHILL, LLC



2004 OCT 26 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1801 CLINT MOORE ROAD
SUITE 247 205
BOCA RATON, FL 33487

Mailing Address
1801 CLINT MOORE ROAD
SUITE 247 205
BOCA RATON, FL 33487

2. Principal Place of Business
2004

3. Mailing Address

Suite, Apt. #, etc.
REINSTATEMENT

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

10192004 REIN-LLC CR2E101 (6/04)

4. FEI Number
20-0233210

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVID J. POWERS, P.A.
7777 GLADES ROAD
SUITE 300
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN + C20 RAYMOND, ZIMMERMAN 1801 CLINT MOORE ROAD, SUITE 202 205 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO BILMES, BARRY 1801 CLINT MOORE RD, STE. 205 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: BARRY BILMES 10/21/04 561-999-9815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #