

2004 \*

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000003368

1. Entity Name  
MOISE GOTCHA COVERED, LLCPrincipal Place of Business  
6347 PRESTWICK CT  
LAKE WORTH, FL 33467Mailing Address  
6347 PRESTWICK CT  
LAKE WORTH, FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

04292005

REIN-LLC

CR2E101 (6/04)

4. FEI Number

13-4230870

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

MOISE, RONALD  
6347 PRESTWICK CT  
LAKE WORTH, FL 33467

## 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

*Ronald Moise*

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

4/29/05

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DeleteTITLE  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPMEM  
RONALD MOISE  
6347 PRESTWICK COURT  
LAKE WORTH, FL 33467☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ Addition

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:

*Ronald Moise*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/05 (901) 642-8291

DATE Daytime Phone #