

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000028547

FILED  
Sep 29, 2009  
Secretary of State

Entity Name: O'SULLIVAN & DELUCA, LLC

**Current Principal Place of Business:**

3429 MARINER BLVD  
SPRING HILL, FL 34609 US

**New Principal Place of Business:**

**Current Mailing Address:**

3429 MARINER BLVD  
SPRING HILL, FL 34609 US

**New Mailing Address:**

FEI Number: 81-0626355      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

NAPOLITANO, PETER  
7617 LITTLE ROAD  
NEW PORT RICHEY, FL 34654 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: PETER NAPOLITANO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DELUCA, JAMES G  
Address: 3429 MARINER BLVD  
City-St-Zip: SPRING HILL, FL 34609 US

Title: MGRM ( ) Delete  
Name: O'SULLIVAN, BRIAN P  
Address: 3429 MARINER BLVD  
City-St-Zip: SPRING HILL, FL 34609 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRIAN P. O'SULLIVAN

MGRM

09/29/2009

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