

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000029323

1. Entity Name  
BESHEART, L.L.C.



Principal Place of Business  
400 NORTH ASHLEY PLAZA STE. 3000  
TAMPA, FL 33602-4331

Mailing Address  
400 NORTH ASHLEY PLAZA STE. 3000  
TAMPA, FL 33602-4331

2. Principal Place of Business  
3702 W. KENNEDY BLVD  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 24269  
Suite, Apt. #, etc.

FILED  
04 OCT 18 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10112004 REIN-LLC CR2E101 (6/04)

City & State  
TAMPA FLA.  
Zip  
33609  
Country

City & State  
TAMPA, FLORIDA  
Zip  
33623  
Country

4. FEI Number ☒ Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MIKES, JAMES R  
400 NORTH ASHLEY PLAZA STE. 3000  
TAMPA, FL 33602-4331

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
3702 W. KENNEDY BLVD.  
City  
TAMPA FL Zip Code  
33609

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 *James R. Mikes* JAMES R. MIKES 10.12.04  
(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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE  
STANFORD R. SOLOMON  
400 N. ASHLEY PLAZA  
TAMPA, FLA. 33602 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER & MANAGING MEMBER ☒ Change ☐ Addition  
JAMES R. MIKES  
3702 W. KENNEDY BLVD.  
TAMPA, FLA. 33609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3000419484998 ☐ Addition  
10/18/04--01081--002 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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: *James R. Mikes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10.12.04 813.495.4544  
Date Daytime Phone #

2004  
REINSTATEMENT