

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000029817

**FILED**  
**Jan 28, 2005**  
**Secretary of State**

**Entity Name:** ALLAN CHRISTOPHER INTERNATIONAL, L.L.C.

**Current Principal Place of Business:**

5945 SW 99TH TERRACE  
COOPER CITY, FL 33328

**New Principal Place of Business:**

8524 TIDAL BAY LANE  
TAMPA, FL 33635

**Current Mailing Address:**

5945 SW 99TH TERRACE  
COOPER CITY, FL 33328

**New Mailing Address:**

8524 TIDAL BAY LANE  
TAMPA, FL 33328

**FEI Number:** **FEI Number Applied For (X)** **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:**

KMENTT, TAIT  
1000 N. FLORIDA AVE.  
TAMPA, FL 33602 US

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

KMENTT, TODD  
8524 TIDAL BAY LANE  
TAMPA, FL 33635 US

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: TODD ALLAN KMENTT

01/28/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: KMENTT, TODD  
Address: 1000 N. FLORIDA AVE.  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KMENTT, TODD ALLAN  
Address: 8524 TIDAL BAY LANE  
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD ALLAN KMENTT

MGR

01/28/2005

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