

10/2

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

04 OCT 27 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10212004 REIN-LLC CR2E101 (6/04)

DOCUMENT # L03000042160

1. Entity Name
RODIZIO, LLC



Principal Place of Business
**141 CREEK DRIVE
PORT CHARLOTTE, FL 33952**

Mailing Address
**141 CREEK DRIVE
PORT CHARLOTTE, FL 33952**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**WOTITZKY, EDWARD L
223 TAYLOR STREET
PUNTA GORDA, FL 33950**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **10/22/04**

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

Date **10/22/04** Daytime Phone #

mgem
ABE AL-ARNAS
2020 TAMiami TRAIL
PORT CHARLOTTE, FL 33948
300042239639
10/27/04--01020--003 **\$50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

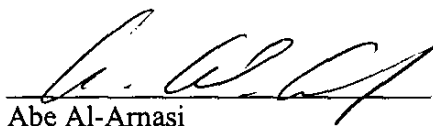
Date: 10/21/2004

To Whom it may Concern:

Please change place of business address and the mailing address to:

Rodizio LLC
C/O Abe Al-Arnasi
2020 Tamiami Trail
Port Charlotte, Fl 33948

If there are any questions please call our office at: 941-613-4020 and ask for Debbie



Abe Al-Arnasi