

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 29 PM 4: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000045770

1. Entity Name  
IGOR HOLIC, LLC.



Principal Place of Business  
9914 SAN MATEO WAY  
PORT RICHEY, FL 34668

Mailing Address  
9914 SAN MATEO WAY  
PORT RICHEY, FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012004 REIN-LLC CR2E101 (6/04)

4. FEI Number 03-0531741

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, JOY M  
10942 STATE ROAD 52  
HUDSON, FL 34669

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

*Joy M. Anderson*

(NOTE: Registered Agent signature required when reinstating)

DATE

12/28/04

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME HOLIC, IGOR  
STREET ADDRESS 9914 SAN MATEO DRIVE  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE ☐ Change ☐ Addition  
NAME 300042925923  
STREET ADDRESS 11/22/04--01044--001 \*\*155.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

*Igor Holic*

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

11/18/04

Date

727 847 3212

Daytime Phone #

REINSTATEMENT