


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 14 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000045912		
1. Entity Name ANTON TROJAK, LLC.		

Principal Place of Business 10934 INGLEWOOD AVE. PORT RICHEY, FL 34668	Mailing Address 10934 INGLEWOOD AVE. PORT RICHEY, FL 34668
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2. Principal Place of Business <i>9821 Patricia Drive</i>	3. Mailing Address <i>9821 Patricia Drive</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>New Port Richey FL</i>	City & State <i>New Port Richey FL</i>
Zip <i>34655</i>	Country <i>FL</i>



11102004 REIN-LLC CR2E101 (6/04)

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent ANDERSON, JOY M 10942 STATE ROAD 52 HUDSON, FL 34669		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 *Anderson, Joy M.* (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TROJAK, ANTON 10934 INGLEWOOD AVE. PORT RICHEY, FL 34668 <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

*04*  
*04*  
**REINSTATEMENT**

200043407072  
12/14/04--01050--002 \*\*150.00

200043407072  
12/14/04--01050--003 \*\*5.00

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #