

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000050180

FILED
Dec 04, 2006
Secretary of State

Entity Name: STEPAN DANILOVETS, LLC

Current Principal Place of Business:

2184 HOPWOOD RD.
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

2184 HOPWOOD RD.
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 20-2093810 FEI Number Applied For () 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:

Name and Address of New Registered Agent:

DANILOVETS, STEPAN
2184 HOPWOOD RD.
NORTH PORT, FL 34287 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: STEPAN DANILOVETS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DANILOVETS, STEPAN
Address: 2184 HOPWOOD RD.
City-St-Zip: NORTH PORT, FL 34287

Title: MGR () Delete
Name: DANILOVETS, SERGEY
Address: 2184 HOPWOOD RD.
City-St-Zip: NORTH PORT, FL 34287

Title: MGR () Delete
Name: DANILOVETS, IVAN
Address: 2184 HOPWOOD RD.
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STEPAN DANILOVETS

MGR

12/04/2006

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