

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000050426

Entity Name: VLADIMIR PROTSENKO, LLC

**FILED**  
**Feb 10, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

323 SAN MARINO AVE.  
NORTH PORT, FL 34287

**New Principal Place of Business:**

206 SAN LORENZO  
NORTH PORT, FL 34287

**Current Mailing Address:**

323 SAN MARINO AVE.  
NORTH PORT, FL 34287

**New Mailing Address:**

206 SAN LORENZO  
NORTH PORT, FL 34287

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

PROTSENKO, VLADIMIR  
323 SAN MARINO AVE.  
NORTH PORT, FL 34287 US

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

PROTSENKO, VLADIMIR  
206 SAN LORENZO  
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: VLADIMIR PROTSENKO

02/10/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: PROTSENKO, VLADIMIR  
Address: 323 SAN MARINO AVE.  
City-St-Zip: NORTH PORT, FL 34287

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PROTSENKO, VLADIMIR  
Address: 206 SAN LORENZO  
City-St-Zip: NORTH PORT, FL 34287

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: VLADIMIR PROTSENKO

MGR

02/10/2005

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