

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000051972

Entity Name: ABRUZZI, LLC

**FILED**  
**Feb 25, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

2220 N UNIVERSITY DR  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

2220 N UNIVERSITY DR  
SUNRISE, FL 33322

**New Mailing Address:**

FEI Number: 52-2419996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOUMAR, RAYMOND A ESQ.  
1177 S.E. 3RD AVENUE  
FT. LAUDERDALE, FL 33316 US

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

MACRINI, FRANK  
2220 NUNIVERSITY DR  
SUNRISE, FL 33322 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: FRANK MACRINI

02/25/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MACRINI, FRANK J  
Address: 1895 NORTH PINE ISLAND ROAD  
City-St-Zip: PLANTATION, FL 33322

**ADDITIONS/CHANGES:**

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 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: FRANK MACRINI

MGRM

02/25/2005

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