

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000054506

1. Entity Name  
RAMON F SANDI LLC



2004 OCT 26 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/10/04

Principal Place of Business  
720 NORTH GRACE AVENUE  
LAKE WORTH, FL 33461 US

Mailing Address  
720 NORTH GRACE AVENUE  
LAKE WORTH, FL 33461 US



10202004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0512892

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

SANDI, RAMON F  
720 NORTH GRACE AVENUE  
LAKE WORTH, FL 33461

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

*Sandi Ramon F.* Sandi Ramon F.

10/20/2004

(Signature, typed or printed name of registered agent and title if applicable.)

(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 MGR  
NAME SANDI, RAMON F  
STREET ADDRESS 720 NORTH GRACE AVENUE  
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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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

*Sandi Ramon F.* Sandi Ramon F.

10/20/2004 (561) 310-6851

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

Day

Daytime Phone #