

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000054690

Entity Name: PODS OF NEW YORK, LLC

**FILED**  
**Oct 06, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

5585 RIO VISTA DRIVE  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

5585 RIO VISTA DRIVE  
CLEARWATER, FL 33760

**New Mailing Address:**

FEI Number: 20-0506406      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:**

PARKER, AARON B  
5585 RIO VISTA DRIVE  
CLEARWATER, FL 33760      US

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

RAMDEEN, JOHN  
5585 RIO VISTA DRIVE  
CLEARWATER, FL 33760      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: JOHN RAMDEEN

10/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PODS ENTERPRISES, INC.  
Address: 5585 RIO VISTA DRIVE  
City-St-Zip: CLEARWATER, FL 33760

**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 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: SIMON GREORICH

CFO

10/06/2009

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