

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000002816

**FILED**  
**Sep 21, 2007**  
**Secretary of State**

**Entity Name:** SAMUELS L.L.C.

**Current Principal Place of Business:**

2460 E. VINA DEL MAR BLVD  
ST PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

2460 E. VINA DEL MAR BLVD  
ST PETE BEACH, FL 33706

**New Mailing Address:**

**FEI Number:** 20-0586681      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

SAMUELS, KATHLEEN  
2460 E. VINA DEL MAR BLVD  
ST PETE BEACH, FL 33706      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:** KATHLEEN SAMUELS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** SAMUELS, KATHLEEN  
**Address:** 2460 E. VINA DEL MAR BLVD  
**City-St-Zip:** ST PETE BEACH, FL 33706

**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:** KATHLEEN SAMUELS

M

09/21/2007

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