

**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT**

DOCUMENT # L04000003305

1. Entity Name
BUSTLINE, LLC



FILED

2007 MAY 17 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
16291 MIRASOL WAY
DELRAY BEACH, FL 33446

Mailing Address
16291 MIRASOL WAY
DELRAY BEACH, FL 33446

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252007 REIN-LLC

CR2E101 (1/07)

4. FEI Number
20-0599669

Applied For
Not Applicable

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

FRIEDMAN, JOEL
16291 MIRASOL WAY
DELRAY BEACH, FL 33446

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/8/07

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FRIEDMAN, LARRY
2121 ADAMS STREET
TOLEDO, OH 43624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
900103196809
05/24/07--01024--007 **200.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FRIEDMAN, JOEL
16291 MIRASOL WAY
DELRAY BEACH, FL 33446 ☐ Delete

TITLE
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REINSTATEMENT

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CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

5/8/07 561-658-8001