


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 18 AM 9:13

DOCUMENT # L04000003682			
1. Entity Name CHARLES R. ANSAROFF, LLC			
Principal Place of Business 4479 CONSTANTINE CIR GREENACRES, FL 33463		Mailing Address 4479 CONSTANTINE CIR GREENACRES, FL 33463	
2. Principal Place of Business 4479 Constantine Circle		3. Mailing Address P.O. Box 541227	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Greenacres, FL		City & State Greenacres, FL	
Zip 33463		Zip 33454	
Country USA		Country USA	
4. FEI Number 06-1659724		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LARRY M. MESCHES, P.A. 222 LAKEVIEW AVE, STE 260 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name: Charles R. Ansaroff Street Address (P.O. Box Number is Not Acceptable): 4479 Constantine Circle City: Greenacres, FL Zip Code: 33463	
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: <u>Charles Ansaroff</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>October 13, 2005</u>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANSAROFF, CHARLES R 4479 CONSTANTINE CIR GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060725776 10/18/05--01076--007 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2005
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Charles Ansaroff</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			