


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L04000018300**

1. Entity Name  
**CHRISTOPHER LESKANIC LLC**



FILED

06 AUG -2 PM 2: 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1471 SALEM ROAD  
HAVANA, FL 32333

Mailing Address  
1471 SALEM ROAD  
HAVANA, FL 32333

2. Principal Place of Business  
*1634 Smitty's Way*

3. Mailing Address  
*1634 Smitty's Way*

Suite, Apt. #, etc.

08012006 REIN-LLC CR2E101 (11/05)

City & State  
*Tallahassee, FL*

City & State  
*Tallahassee, FL*

Zip  
*32310*

Country

4. FEI Number  Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**LESKANIC, CHRISTOPHER**  
1471 SALEM ROAD  
HAVANA, FL 32333

5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name *Christopher Leskanic*

Street Address (P.O. Box Number is Not Acceptable)  
*1634 Smitty's Way*

City *Tallahassee* FL Zip Code *32310*

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 *Chris Leskanic* DATE *8-2-06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LESKANIC, CHRISTOPHER <input type="checkbox"/> Delete 1471 SALEM ROAD HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Christopher Leskanic</i> <i>1634 Smitty's way</i> <i>Tallahassee, FL</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800078378698</b> <b>08/04/06--01040--018 **100.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Chris Leskanic* DATE: *8-2-06*

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

REINSTATEMENT

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