

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000029948

Entity Name: NORMAN CSARNI, LLC

**FILED**  
**Mar 05, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

11501 MANSTIQUE WAY  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

11501 MANISTIQUE WAY  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

FEI Number: 27-0107572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CSARNI, NORBERT  
11501 MANISTIQUE WAY  
NEW PORT RICHEY, FL 34654 US

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

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: NORBERT CSARNI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CSARNI, NORBERT  
Address: 11501 MANISTIQUE WAY  
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby 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: NORBERT CSARNI

MGR

03/05/2013

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