

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000037921

1. Entity Name
PICK YOUR DEAL, L.L.C.



Principal Place of Business
5490 YAHL ST
UNIT 10
NAPLES, FL 34109

Mailing Address
5490 YAHL ST
UNIT 10
NAPLES, FL 34109

2. Principal Place of Business - No P.O. Box #
1027 19th Street S.W.

3. Mailing Address
501 Goodlette Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Ste B204

06262009 REIN-LLC CR2E101 (1/07)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
20-1098196

Applied For
Not Applicable

Zip
34117

Country
US

Zip
34102

Country
US

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

DIAZ, AMINTA
4375 23RD PLACE S.W.
NAPLES, FL 34116

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

FILE NOW!!! FEE IS \$277.50

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 MGRM
STREET ADDRESS DE SANTIS, FRANCESCO
CITY-ST-ZIP 1027 19TH ST SW
NAPLES, FL 34117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700158014527
06/30/09--01046--006 **277.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Member

6/25/09

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

Date

Daytime Phone #

FILED

09 JUN 30 AM 10:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA



N. G. G. JUL 1 2009