

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000052448

**Entity Name:** NORTH SHORE, LLC

**FILED**  
**Sep 20, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

222 ARLINGTON E. AVE.  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

222 ARLINGTON E. AVE.  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SHROPSHIRE, PATRICIA  
222 ARLINGTON E. AVE.  
OLDSMAR, FL 34677 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: PATRICIA SHROPSHIRE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: ARASTEH, NAHID  
Address: 1115 BAYSHORE DR NORTH  
City-St-Zip: SAFETY HARBOR, FL 34695 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NAHID ARASTEH

MGRM

09/20/2005

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