

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000082911

FILED
Dec 07, 2009
Secretary of State

Entity Name: E & P ENTERPRISES, LLC

Current Principal Place of Business:

53 EDENFIELD AVE.
WATERTOWN, MA 02472

New Principal Place of Business:

Current Mailing Address:

53 EDENFIELD AVE.
WATERTOWN, MA 02472

New Mailing Address:

FEI Number: 20-2365761 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

WILSON, MICHAEL M
10501 MURDOCK CIRCLE, SUITE 101
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

KOCH, ROBERT F
1777 TAMiami TRAIL
SUITE 406
PORT CHARLOTTE, FL 33948 US

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: ROBERT F. KOCH, P.A.

12/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEFABRITTI, ELIO A
Address: 53 EDENFIELD AVE.
City-St-Zip: WATERTOWN, MA 02472

Title: MGRM () Delete
Name: DEFABRITTI, PASQUALE A
Address: 53 EDENFIELD AVE.
City-St-Zip: WATERTOWN, MA 02472

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ELIO DEFABRITTI

MGRM

12/07/2009

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