

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000089460

1. Entity Name
SRGS CAPITAL LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 27 AH 10:00

Principal Place of Business
5001 SW 20TH STREET
APT 8209
OCALA, FL 34474 US

Mailing Address
5001 SW 20TH STREET
APT. 8209
OCALA, FL 34474 US

2. Principal Place of Business

3. Mailing Address

715 SE 10th Street
Suite, Apt. #, etc.

715 SE 10th Street
Suite, Apt. #, etc.



10242005 REIN-LLC CR2E101 (6/04)

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number

20-204032

Applied For

Not Applicable

Zip 34471 Country USA

Zip 34471 Country USA

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

SHMUELEVICH, IZHAK
5001 SW 20TH STREET
APT. 8209
OCALA, FL 34474

Name Shmuelevich, Izhak

Street Address (P.O. Box Number is Not Acceptable)
715 SE 10th Street

City Ocala FL Zip Code 34471

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/24/05

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$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

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SHMUELEVICH, IZHAK
STREET ADDRESS 5001 SW 20TH STREET, APT. 8209
CITY-ST-ZIP Ocala, FL 34474 ☒ Delete

TITLE MGRM
NAME SHMUELEVICH, IZHAK
STREET ADDRESS 715 SE 10th Street
CITY-ST-ZIP Ocala, FL 34471 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
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 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 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:

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

Date

Daytime Phone #

10/24/05

REINSTATEMENT 2005

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10/27/05--01035--006 **\$0.00