

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 NOV 14 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000000373

1. Entity Name  
SCHWARTZ AND PROMES, A PROFESSIONAL LIMITED  
COMPANY



Principal Place of Business  
1925 MIZELL AVENUE  
WINTER PARK, FL 32792

Mailing Address  
1925 MIZELL AVENUE  
WINTER PARK, FL 32792

2. Principal Place of Business - No P.O. Box #

483 N. SEMORAN BLVD

Suite, Apt. #, etc.

STE. 200

City & State

WINTER PARK, FL

Zip

32792

Country

U.S.A.

3. Mailing Address

483 N. SEMORAN BLVD

Suite, Apt. #, etc.

STE. 200

City & State

WINTER PARK, FL

Zip

32792

Country

U.S.A.



10302007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

25-1907130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, BARBARA L  
1925 MIZELL AVENUE  
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name

A. Anthony Giovamoli, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1565 ORANGE AVENUE

City

WINTER PARK

FL

Zip Code

32789

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

A. Anthony Giovamoli, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-30-07

DATE

FILE NOW!!! FEE IS \$50.00  
After January 1, 2008, 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

TITLE MGR ☒ Delete  
NAME SCHWARTZ AND PROMES A PROFESSIONAL LIMITED  
STREET ADDRESS 1925 MIZELL AVENUE  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition  
NAME SCHWARTZ, BARBARA L.  
STREET ADDRESS 483 N. SEMORAN BLVD, STE. 200  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE MGR ☐ Change ☒ Addition  
NAME PROMES, ZAHRA G.  
STREET ADDRESS 483 N. SEMORAN BLVD, STE. 200  
CITY-ST-ZIP WINTER PARK, FL 32792

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

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

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

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

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:

Barbara Schwartz

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

11/8/7

Date

Daytime Phone #

REINSTATEMENT