


# 2016 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVAL  
AND  
FILED

16 OCT 20 PM 2:47

SECRET - STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # L05000017328</b> 1. Entity Name SYGDET C. STORE, LLC	
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Principal Place of Business 1410 W ORANGE AVE TALLAHASSEE, FL 32310	Mailing Address 1410 W ORANGE AVE TALLAHASSEE, FL 32310
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10202016 REIN-LLC CR2E101 (12/11)

4. FEI Number 04-3806764	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  DEBBO, GEME CHU 1410 WEST ORANGE AVENUE TALLAHASSEE, FL 32310	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
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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]* (NOTE: Registered Agent signature required when reinstating) DATE 10/20/2016

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2017, Fee will be \$377.50**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10.	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	
NAME	YADETE, ETEFWORK	NAME	
STREET ADDRESS	2210 MULBERRY BLVD	STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE, FL 32303	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

800291469438  
 10/20/16--01018--014 \*\*238.75

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: *[Signature]* DATE 10/20/2016 E-MAIL ADDRESS \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      E-MAIL ADDRESS