

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000030401

**FILED**  
**Feb 07, 2008**  
**Secretary of State**

**Entity Name:** MICHAELANGELO'S PROPERTY MAINTENANCE & HOME REPAIR, LLC

**Current Principal Place of Business:**

1018 JAKL AVE  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 588  
PARRISH, FL 34219 US

**New Mailing Address:**

1018 JAKL AVE  
SARASOTA, FL 34232 US

**FEI Number:** 20-2585717      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

ANGELO SAMMARCO  
1018 JAKL AVE  
SARASOTA, FL 34232 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:** ANGELO SAMMARCO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SAMMARCO, ANGELO S  
**Address:** P.O. BOX 588  
**City-St-Zip:** PARRISH, FL 34219 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** SAMMARCO, ANGELO S  
**Address:** 1081 JAKL AVE  
**City-St-Zip:** SARASOTA, FL 34232 US

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:** ANGELO SAMMARCO

MR.

02/07/2008

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