


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000057934	
1. Entity Name CARTRIDGES OF PALM COAST LLC	

Principal Place of Business 1278 PALM COAST PARKWAY 1278 PALM COAST, FL 32137 US	Mailing Address P.O. BOX 353487 PALM COAST, FL 32135 US
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2. Principal Place of Business - No P.O. Box # 4601 E. Hwy. 100	3. Mailing Address
Suite, Apt. #, etc. D-6	Suite, Apt. #, etc.
City & State Bunnell, FL	City & State
Zip 32110	Country USA

6. Name and Address of Current Registered Agent TOBECK, JOCHEN H SR 7 BURNET PLACE PALM COAST, FL 32137	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE 000139532940	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOBECK, JOCHEN H SR		NAME 01/06/09--01013--008 **138.75	
STREET ADDRESS 7 BURNET PLACE		STREET ADDRESS	
CITY-ST-ZIP PALM COAST, FL 32137		CITY-ST-ZIP	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOBECK, TRAUDEL M MRS.		NAME	
STREET ADDRESS 7 BURNET PLACE		STREET ADDRESS	
CITY-ST-ZIP PALM COAST, FL 32137		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	

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: Jochen H. Tobeck	Date: 12/30/08 Daytime Phone #: 386-437-5611

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10242008 REIN-LLC CR2E101 (1/07)

4. FEI Number
86-1140555

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

REINSTATEMENT