

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000058755

1. Entity Name
NIKA ENTERPRISES, LLC



Principal Place of Business
105 COVINGTON ST
PANAMA CITY BEACH, FL 32413

Mailing Address
105 COVINGTON ST
PANAMA CITY BEACH, FL 32413

FILED

2009 APR 28 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04152009 REIN-LLC CR2E101 (1/07)

4. FEI Number
83-0411692

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZENCUCH, STEFAN
105 COVINGTON
PANAMA CITY BEACH, FL 32413

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 *[Signature]*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-09

FILE NOW!! FEE IS \$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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ZENCUCH, STEFAN	
STREET ADDRESS	105 COVINGTON	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ZENCUCH, KATRINA A	
STREET ADDRESS	105 COVINGTON	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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04/28/09--01040--010 **277.50

REINSTATEMENT 08-09

[Signature]

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

Date

Daytime Phone #

4-20-09 850.375-4848