

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 APR 13 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JSS



04052007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000079667

1. Entity Name  
FERN, LLC



Principal Place of Business  
1968 N. FLORIDA AVENUE  
TAMPA, FL 33612

Mailing Address  
1968 N. FLORIDA AVENUE  
TAMPA, FL 33612

2. Principal Place of Business - No P.O. Box #  
101 E. KENNEDY BLVD

3. Mailing Address  
10116 LINDELAN DR.

Suite, Apt. #, etc.  
SUITE 1480

Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State  
TAMPA, FL

Zip  
33602

Country  
U.S.

Zip  
33618

Country  
U.S.

4. FEI Number  
20-3303649

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DIGERLANDO, JOSEPH  
11968 N. FLORIDA AVENUE  
TAMPA, FL 33612

7. Name and Address of New Registered Agent

Name  
CARMEN PEREZ

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

10931 N. DALE MABRY Hwy.

City  
TAMPA

FL

Zip Code  
33618

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

(NOTE: Registered Agent signature required when reinstating)

4/4/07

DATE

FILE NOW!!! FEE IS \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

MGR  
CARMEN PEREZ  
10931 N. DALE MABRY Hwy.  
TAMPA, FL 33618

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

200097309772  
04/18/07--01014--008 \*\*105.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

REINSTATEMENT 06-07

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

4/4/07

Date

813 961-8715

Daytime Phone #