

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 06, 2007**  
**Secretary of State**

DOCUMENT# L05000080281

**Entity Name:** KLEIN ENTERPRISES, LLC

**Current Principal Place of Business:**

2000 5TH AVE N  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

2000 5TH AVE N  
ST. PETERSBURG, FL 33713

**New Mailing Address:**

FEI Number: 51-0552502

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DILIP PATEL, P.A.  
2963 GULF TO BAY BLVD.  
SUITE 208  
CLEARWATER, FL 33759 US

**Name and Address of New Registered Agent:**

DILIP PATEL, P.A.  
140 PINE AVE NORTH  
OLDSMAR, FL 34677 US

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: LAWRENCE N KLEIN DDS

10/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LAWRENCE, KLEIN N DDS  
Address: 2000 5TH AVE N  
City-St-Zip: ST. PETERSBURG, FL 33713

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LAWRENCE N KLEIN DDS

PRES

10/06/2007

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