

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000086854

**Entity Name:** GIOVANNI CHIAMPESAN, LLC

**FILED**  
**Nov 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1500 SAN REMO AVENUE  
SUITE 136  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1500 SAN REMO AVENUE  
SUITE 136  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 20-3387297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CHIAMPESAN, GIOVANNI  
1500 SAN REMO AVENUE STE 136  
CORAL GABLES, FL 33146 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:** GIOVANNI CHIAMPESAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** CHIAMPESAN, GIOVANNI  
**Address:** 1500 SAN REMO AVE, STE 136  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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:** GIOVANNI CHIAMPESAN

P

11/19/2011

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