# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Oct 05, 2007**
**Secretary of State**

DOCUMENT# L05000087131

**Entity Name:** PETER VITO CUSUMANO, LLC

**Current Principal Place of Business:**

809 US HWY 27 SOUTH
RE/MAX REALTY PLUS
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

809 US HWY 27 SOUTH
RE/MAX REALTY PLUS
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

CUSUMANO, PETER
RE/MAX REALTY PLUS
809 US HWY 27 SOUTH
SEBRING, FL 33870 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: PETER CUSUMANO

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: CUSUMANO, PETER V
Address: 3625 MANOR DRIVE
City-St-Zip: SEBRING, FL 33872

Title: MGRM ( ) Delete
Name: WILLIAMS, DEBRA A
Address: 4415 ALCANTARA AVE
City-St-Zip: SEBRING, FL 33872

**ADDITIONS/CHANGES:**

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

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: PETER CUSUMANO MGRM 10/05/2007

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