

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000089692

Entity Name: SCHNICKLE FRITZ LLC

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9409 US 19 N  
229  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

9409 US 19 N  
229  
PORT RICHEY, FL 34668

**New Mailing Address:**

FEI Number: 20-3451474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MALKI, FADI  
4923 FELICITY WAY  
PALM HARBOR, FL 34685 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: FADI MALKI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MALKI, FADI  
Address: 4923 FELICITY WAY  
City-St-Zip: PALM HARBOR, FL 34685

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: FADI MALKI

MGR

01/10/2011

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