

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000093920

**FILED**  
**Oct 13, 2009**  
**Secretary of State**

**Entity Name:** JOE CRIMALDI, LLC

**Current Principal Place of Business:**

10000 ARCOS AVE.  
103  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1096  
ESTERO, FL 33928

**New Mailing Address:**

FEI Number: 20-3521135      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

CRIMALDI, JOE  
10000 ARCOS AVENUE #103  
ESTERO, FL 33928      US

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

BLUME, CRAIG  
800 HARBOUR DRIVE  
NAPLES, FL 34103      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: CRAIG BLUME

10/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CRIMALDI, ALISA  
Address: 10115 VILLAGIO PALMS WAY #201  
City-St-Zip: ESTERO, FL 33928

**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: ALISA CRIMALDI

MGR

10/13/2009

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