

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000103120

1. Entity Name
MISHKO'S LINGO'S LLC



FILED

08 FEB -6 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
335 S. TUTTLE AVE
SARASOTA, FL 34237

Mailing Address
335 S. TUTTLE AVE
SARASOTA, FL 34237



2. Principal Place of Business - No P.O. Box #
9020 Eagle Bay Ct.

3. Mailing Address
9020 Eagle Bay Ct.

Suite, Apt. #, etc.
Talon Bay

Suite, Apt. #, etc.
Talon Bay

City & State
North Port, FL

City & State
North Port, FL

Zip
34287

Country
US.

Zip
34287

Country
U.S.

01112008 REIN-LLC CR2E101 (1/07)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASWELL, CHRIS
240 S PINEAPPLE AVE STE 802
SARASOTA, FL 34236

Name
Josh Scott
Street Address (P.O. Box Number is Not Acceptable)
9020 Eagle Bay Ct. Talon Bay
City
North Port FL Zip Code
34287

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCOTT, JOSHUA M LLC
335 S. TUTTLE AVE
SARASOTA, FL 34237 *see above*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700118347547
02/19/08--01045--031 **282.50

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 07-08
CUP