

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000116531

Entity Name: METROCRAFT LLC

**FILED**  
**Dec 11, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

732 LIVE OAK TERRACE NE  
ST PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

732 LIVE OAK TERRACE NE  
ST PETERSBURG, FL 33703

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) 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:**

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

STRIKAR, GEOFFROY  
732 LIVE OAK TERRACE NE  
ST PETERSBURG, FL 33703 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: STRIKAR GEOFFROY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STRIKAR, GEOFFROY  
Address: 732 LIVE OAK TERRACE NE  
City-St-Zip: ST PETERSBURG, FL 33703

Title: MGRM ( ) Delete  
Name: STRIKAR, CORRINE  
Address: 732 LIVE OAK TERRACE NE  
City-St-Zip: ST PETERSBURG, FL 33703

**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 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: STRIKAR GEOFFROY

PRES

12/11/2006

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