

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 AUG -5 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L05000120377		
1. Entity Name CHICKEN PANTRY, L.L.C.		

Principal Place of Business 3 ROLLINS DUNES DRIVE PALM COAST, FL 32137	Mailing Address 3 ROLLINS DUNES DRIVE PALM COAST, FL 32137
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 1711	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Bunnell, FL	
Zip	Country	Zip 32110	Country U.S.

07222008 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-3962242

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LCI TAXES
904 E. MOODY BLVD
SUITE C
BUNNELL, FL 32110

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 DATE 7/22/08

(NOTE: Registered Agent signature required when reinstating)

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	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVLAK, MAUREEN A		NAME	200133536342	
STREET ADDRESS	3 ROLLINS DUNES DRIVE		STREET ADDRESS	07/28/08--01057--001 **277.50	
CITY-STATE-ZIP	PALM COAST, FL 32137		CITY-STATE-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN CASE GIANNUZZI		NAME		
STREET ADDRESS	15 SEA TRAIL		STREET ADDRESS		
CITY-STATE-ZIP	PALM COAST, FL 32164		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Joseph A. Lamanna	
STREET ADDRESS			STREET ADDRESS	3 Rollins Dunes Dr.	
CITY-STATE-ZIP			CITY-STATE-ZIP	Palm Coast, FL 32137	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

REINSTATEMENT

07-08

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: DATE 7/22/08 DAYTIME PHONE # 386-437-3316

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