

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000122115

1. Entity Name
ABRABEN ENTERPRISES, LLC



Principal Place of Business
8620 MILLHOPPER ROAD
GAINESVILLE, FL 32653

Mailing Address
8620 MILLHOPPER ROAD
GAINESVILLE, FL 32653

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

500 NW 43RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 3

City & State

City & State

GAINESVILLE FL

Zip

Country

Zip

32607

Country

USA

04242007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

20-3985391

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABRABEN, REEVE
8620 MILLHOPPER ROAD
GAINESVILLE, FL 32653

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGRM
ABRABEN, REEVE
STREET ADDRESS
8620 MILLHOPPER ROAD
CITY - ST - ZIP
GAINESVILLE, FL 32653

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ 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 #

FILED

2007 MAY 10 PM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

06-07