

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000004821

1. Entity Name
PANO'S PIZZERIA, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 16 PM 3:30

Principal Place of Business
1469 SOUTH BELCHER ROAD
CLEARWATER, FL 33764 US

Mailing Address
1469 SOUTH BELCHER ROAD
CLEARWATER, FL 33764 US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01022008 REIN-LLC CR2E101 (1/07)

4. FEI Number

020764481

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

KARAFOTIAS, NICKOLAS P
1469 SOUTH BELCHER ROAD
CLEARWATER, FL 33764

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

Nickolas P. Karafotias

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

(NOTE: Registered Agent signature required when reinstating)

1/2/08

DATE

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME KARAFOTIAS, NICKOLAS P
STREET ADDRESS 1469 SOUTH BELCHER ROAD
CITY-ST-ZIP CLEARWATER, FL 33764 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300114429173
01/08/08--01039--002 **377.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

REINSTATEMENT 2007-08

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:

Nickolas P. Karafotias

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

1/2/08

Date

781-801-7530

Daytime Phone #