

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000014123

Entity Name: IDEAL VERONA AM, LLC

**FILED**  
**Nov 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

400 N. ASHLEY DR  
SUITE 2010  
TAMPA, FL 33602 US

**New Principal Place of Business:**

3140 W. KENNEDY BLVD.  
SUITE 101  
TAMPA, FL 33609 US

**Current Mailing Address:**

P.O. BOX 1466  
TAMPA, FL 33601

**New Mailing Address:**

FEI Number: 20-3429928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RELIANCE CONSULTING LLC  
3105 W WATERS AVE SUITE 105  
TAMPA, FL 33614 US

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

VERONA, BRETT A  
3140 W. KENNEDY BLVD  
SUITE 101  
TAMPA, FL 33609 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: BRETT VERONA

11/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PSTD  
Name: VERONA, BRETT A  
Address: 3140 W. KENNEDY BLVD., SUITE 100  
City-St-Zip: TAMPA, FL 33609 US

I hereby 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: BRETT VERONA

PSTD

11/10/2010

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