

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

06 APR -3 PM 1:57

DOCUMENT # L06000016326

1. Entity Name  
NOGENT LLC



Principal Place of Business  
PO BOX 24832  
TAMPA, FL 33623 US

Mailing Address  
PO BOX 24832  
TAMPA, FL 33623 US



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

3. Mailing Address  
PO BOX 55368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172008 REIN-LLC CR2E101 (1/07)

City & State

City & State  
ST PETERSBURG FL

4. FEI Number  
20-4321176

Applied For  
Not Applicable

Zip

Country

Zip  
33732

Country  
USA

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

WINEBRENNER, JACK M  
3773 CENTRAL AVENUE  
ST PETERSBURG, FL 33713

Name

Street Address (P.O. Box Number is Not Acceptable)  
1384 - 54th AVE NE

City  
St Petersburg

FL

Zip Code  
33703

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 \$377.50

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DJEGBARI, DONAPIEN  
346 80TH AVENUE NORTH  
ST PETERSBURG, FL 33702 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CORRECTION  
DJEGBARI, DONATIEN ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
700122773347  
04/10/08--01005--009 \*\*377.50 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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☐ Delete

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

DONATIEN DJEBBARI

3/28/08

813/839-4116

Date

Daytime Phone #