


# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT # L06000034920		
1. Entity Name MIEJSKI RENTALS, LLC		

FILED  
08 DEC -4 PM 2:52  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



11032008 REIN-LLC CR2E101 (1/07)

Principal Place of Business 19482 GREEN GROVE COURT LOXAHATCHEE, FL 33470 US	Mailing Address P.O. BOX 210201 WEST PALM BEACH, FL 33421 US
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2. Principal Place of Business - No P.O. Box # 624 PALM BEACH LAKES BLVD Suite, Apt. #, etc. WEST PALM BEACH	3. Mailing Address P.O. BOX 210201 Suite, Apt. #, etc. ROYAL PALM BEACH
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City & State FLORIDA	City & State	4. FEI Number 20-4630319	Applied For Not Applicable
Zip 33401	Country PALM BEACH	Zip 33421	Country PALM BEACH

6. Name and Address of Current Registered Agent MIEJSKI, TONY 19482 GREEN GROVE COURT LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Paul* DATE 12-1-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIEJSKI, TONY 19482 GREEN GROVE COURT LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200138073402 11/19/08--01013--001 ***88.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200138073402 12/04/08--01016--015 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Paul*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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