

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000090652

1. Entity Name
P & P DELISE ENTERPRISES, LLC



SECRET
DIVISION

07 OCT -4 PM 3:36

Principal Place of Business
427 BEE RIDGE ROAD
SARASOTA, FL 34233

Mailing Address
427 BEE RIDGE ROAD
SARASOTA, FL 34233

2. Principal Place of Business - No P.O. Box #
4581 SAMOSET DRIVE
Suite, Apt. #, etc.

3. Mailing Address
4581 SAMOSET DRIVE
Suite, Apt. #, etc.



09252007 REIN-LLC CR2E101 (1/07)

City & State
SARASOTA, FL
Zip 34241 Country

City & State
SARASOTA, FL
Zip 34241 Country

4. FEI Number
20-8934653
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, R. SCOTT
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name
THOMAS J. MCLAUGHLIN
Street Address (P.O. Box Number is Not Acceptable)
200 S. ORANGE AVENUE
City
SARASOTA FL Zip Code 34236

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 of registered agent and office if agent is not a natural person

NOTE: Registered Agent signature required when reinstating

DATE

9/26/07

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
MGR
PETER A. DELISE
4581 SAMOSET DRIVE
SARASOTA, FL 34241

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
MGR
PAMELA J. DELISE
4581 SAMOSET DRIVE
SARASOTA, FL 34241

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition
800110182338
10/02/07--01038--0180 Change \$50.00 Addition

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

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

9/27/07

Date

941-927-8752

Daytime Phone