

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000099287

1. Entity Name
HANS DERYK PHOTOGRAPHY LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 16 PM 3:49

Principal Place of Business
11150 CAMERON COURT, APT. 303
DAVIE, FL 33324

Mailing Address
11150 CAMERON COURT, APT. 303
DAVIE, FL 33324

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

3. Mailing Address

Suite, Apt. #, etc.

8972 SOUTHERN ORCHARD RD N

Suite, Apt. #, etc.

8972 SOUTHERN ORCHARD RD N

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33328

Country

USA

Zip

33328

Country

USA

10032007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

22-3944563

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
DERYK, HANS
11150 CAMERON COURT, APT. 303
DAVIE, FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☒ Change ☐ Addition
8972 SOUTHERN ORCHARD RD N
DAVIE FL 33328

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
DERYK, HANS
11150 CAMERON COURT, APT. 303
DAVIE, FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☒ Change ☐ Addition
8972 SOUTHERN ORCHARD RD N
DAVIE FL 33328

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
600112174316
11/09/07--01039--006 **155.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
600112174316
11/09/07--01039--006 **50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ 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

Date

Daytime Phone #

REINSTATEMENT
w/o Penalty 2007
Lee

11/05/07 954 495 5162