

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000114357

1. Entity Name
LIMA CHARLIE, L.L.C.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 30 AM 10:05

Principal Place of Business
4890 W. KENNEDY BLVD STE 260
TAMPA, FL 33609

Mailing Address
4890 W. KENNEDY BLVD STE 260
TAMPA, FL 33609

2. Principal Place of Business - No P.O. Box #
5010 West Carmen St

3. Mailing Address
5010 West Carmen Street

Suite, Apt. #, etc.



12292008 REIN-LLC CR2E101 (1/07)

City & State
Tampa, Florida

Zip
33609

Country
US

4. FEI Number
20-8075992

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT STREET, STE 102
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name
Harry Hedaya

Street Address (P.O. Box Number is Not Acceptable)
5010 West Carmen St

City
Tampa

FL

Zip Code
33609

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 Harry Hedaya 12-29-08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

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
MGR
HEDAYA, HARRY MANAGER ☐ Delete

STREET ADDRESS
4890 W KENNEDY BLVD, SUITE 260

CITY-ST-ZIP
TAMPA, FL 33609

10. ADDITIONS/CHANGES

TITLE
NAME
mgr
Hedaya, Harry Manager ☒ Change ☐ Addition

STREET ADDRESS
5010 West Carmen Street

CITY-ST-ZIP
Tampa, Florida 33609

TITLE
NAME
☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition

STREET ADDRESS
700139838807

CITY-ST-ZIP
01/07/09--01005--003 **138.75

TITLE
NAME
☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition

STREET ADDRESS

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☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

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

Harry Hedaya 12-29-08 813-901-4910

Date

Daytime Phone #