

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000047576

1. Entity Name
MEZZA-LUNA ITALIAN RESTAURANT, LLC



Principal Place of Business
76 CALCUTTA COURT
INDIALANTIC, FL 32903

Mailing Address
76 CALCUTTA COURT
INDIALANTIC, FL 32903

2. Principal Place of Business - No P.O. Box #
1385 Highland Ave
Suite, Apt. #, etc.

3. Mailing Address
1385 Highland Ave
Suite, Apt. #, etc.

City & State
Melbourne FL

City & State
Melbourne

Zip
32935

Country

Zip
32935

Country

12222008 REIN-LLC CR2E101 (1/07)

4. FEI Number
26-0314978

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEMOLFETTA, FRANK J
5122 OUTLOOK DRIVE
MELBOURNE, FL 32940

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

Frank Demolfetta

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

(NOTE: Registered Agent signature required when reinstating)

12/29/08

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2009, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEMOLFETTA, FRANK J
5122 OUTLOOK DRIVE
MELBOURNE, FL 32940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DEMOLFETTA, MADELINE
5122 OUTLOOK DRIVE
MELBOURNE, FL 32940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GUTIERREZ, CHRISTINA M
5122 OUTLOOK DRIVE
MELBOURNE, FL 32940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
YUDELSON, JEDD A
20 PLAYER RD., APT. D
INDIAN HARBOUR BEACH, FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PIPPA, JOHN
711 JOHN CARROL LANE
MELBOURNE, FL 32901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600139510606
01/05/09--01077--015 **238.75

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

TITLE
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☐ 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:

Frank Demolfetta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/29/08

Date

Daytime Phone #

TC 1-8:09