

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000055928

**FILED**  
**Nov 22, 2011**  
**Secretary of State**

**Entity Name:** OPHELIA'S PASTA HOUSE LLC

**Current Principal Place of Business:**

1097 N. TAMIAMI TRAIL  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

1097 N. TAMIAMI TRAIL  
NOKOMIS, FL 34275

**New Mailing Address:**

**FEI Number:** 84-1686714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAMPLIN, JAMES R  
1097 TAMIAMI TRAIL N STE A  
NOKOMIS, FL 34275 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** NANCY CHAMPLIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CHAMPLIN, JAMES R  
**Address:** 1097 TAMIAMI TRAIL N. STE A  
**City-St-Zip:** NOKOMIS, FL 34275

**Title:** MGRM  
**Name:** CHAMPLIN, NANCY  
**Address:** 1097 TAMIAMI TRAIL N STE A  
**City-St-Zip:** NOKOMIS, FL 34275

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** NANCY CHAMPLIN

MGRM

11/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date