

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000066579

**FILED**  
**Oct 22, 2010**  
**Secretary of State**

**Entity Name:** DENICOLA & ASSOCIATES LLC

**Current Principal Place of Business:**

17633 ARCHLAND PASS RD.  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

17633 ARCHLAND PASS RD.  
LUTZ, FL 33558

**New Mailing Address:**

**FEI Number:** 06-1825362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DENICOLA, JOHN J  
17633 ARCHLAND PASS ROAD  
LUTZ, FL 33558 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: JOHN DENICOLA

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DENICOLA, JOHN J  
Address: 17633 ARCHLAND PASS ROAD  
City-St-Zip: LUTZ, FL 33558

Title: MGRM  
Name: DENICOLA, LISA S  
Address: 17633 ARCHLAND PASS ROAD  
City-St-Zip: LUTZ, FL 33558

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: JOHN DENICOLA

MGRM

10/22/2010

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