

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000070363

1. Entity Name
EISENMAN, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION:

08 NOV -4 PM 2: 27

Principal Place of Business
4827 CENTRAL AVENUE
ST. PETERSBURG, FL 33713

Mailing Address
1857 PINE CONE CIRCLE
CLEARWATER, FL 33760



10282008 REIN-LLC CR2E101 (1/07)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0528210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EISENMAN, BARBARA A
1857 PINE CONE CIRCLE
CLEARWATER, FL 33760

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 \$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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
EISENMAN, BARBARA A
1857 PINE CONE CIRCLE
CLEARWATER, FL 33760

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Barbara A Eisenman

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

Date

Daytime Phone #

11/3/08 *127-321-176*