


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000071209					
1. Entity Name <b>KRIM &amp; CO. LLC</b>					
Principal Place of Business <b>15356 OAKLAND AVENUE WINTER GARDEN, FL 34787</b>			Mailing Address <b>15356 OAKLAND AVENUE P.O. Box 769 WINTER GARDEN, FL 34787 OAKLAND, FL 34760</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 769</b>  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State <b>OAKLAND, FL.</b>  Zip                      Country <b>34760                      USA</b>		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>VERCHER, CAMELLA 15356 OAKLAND AVENUE WINTER GARDEN, FL 34787</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <u><i>Camella Vercher</i></u> DATE <u>6-22-09</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERCHER, CAMELLA P.O. BOX 769 OAKLAND, FL 34760 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> <b>900158014509</b>  <b>06/30/09--01046--005 **277.50</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEWART, KRISTINE 1224 SHORECREST CIRCLE CLERMONT, FL 34711 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

FILED

09 JUN 30 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



06222009 REIN-LLC CR2E101 (1/07)

REINSTATEMENT

08, 09

SIGNATURE: *Camella Vercher*

6-22-09

407-654-6840

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

Date

Daytime Phone #