

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000080096

1. Entity Name
BRICATE FINANCIAL SERVICES L.L.C.



FILED
08 DEC 15 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10460 ROOSEVELT BLVD NORTH, STE 198
SAINT PETER, FL 33716

Mailing Address
10460 ROOSEVELT BLVD NORTH, STE 198
SAINT PETER, FL 33716

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

11252008 REIN-LLC CR2E101 (1/07)

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent
SYLVESTRE, RAYMOND
10460 ROOSEVELT BLVD NORTH, STE 198
SAINT PETER, FL 33716

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 12-6-08

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SYLVESTRE, RAYMOND 10460 ROOSEVELT BLVD NORTH, STE 198 SAINT PETER, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800139228468 12/23/08--01014--004 **100.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CURLEY, FLORENCE 10460 ROOSEVELT BLVD NORTH, STE 198 SAINT PETER, FL 33716 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800139228468 12/23/08--01014--005 **138.75
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
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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 up 12/15/08
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

REINSTATEMENT 2008

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: *[Signature]* DATE 12-6-08 DAYTIME PHONE #