

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000102927

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** CABANA'S CATERING, LLC

**Current Principal Place of Business:**

1916 SE 14TH AVENUE  
OCALA, FL 34471

**New Principal Place of Business:**

103 SE 1ST AVE.  
OCALA, FL 34471

**Current Mailing Address:**

1916 SE 14TH AVENUE  
OCALA, FL 34471

**New Mailing Address:**

103 SE 1ST AVE.  
OCALA, FL 34471

**FEI Number:** 32-0216938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOMPKINS, TOBY J  
303 SE 17TH ST.  
#303-185  
OCALA, FL 34471 US

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

TOMPKINS, TOBY J  
103 SE 1ST AVE  
OCALA, FL 34471 US

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: TOBY TOMPKINS

02/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TOMPKINS, TOBY J  
Address: 103 SE 1ST AVE  
City-St-Zip: OCALA, FL 34471

Title: MGRM  
Name: CASEY, CHAD C  
Address: 2105 SE 32ND ST  
City-St-Zip: OCALA, FL 34471

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: TOBY TOMPKINS

OWNE

02/28/2011

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