

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000106880

1. Entity Name
SALGIOBRIA ENTERPRISES, LLC



Principal Place of Business
6957 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884 US

Mailing Address
6957 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33884 US

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

3. Mailing Address

5874 Breakwater Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Haven FL

Zip

Country

Zip

Country

33884

U.S.

10292008 REIN-LLC CR2E101 (1/07)

4. FEI Number

45-0578267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

D. MICHAEL CAMPBELL, P.A.
523 E. CENTRAL AVENUE
WINTER HAVEN, FL 33880

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 typed or printed name of registered agent and title, if applicable

D. Michael Campbell

(NOTE: Registered Agent signature required when reinstating)

10-30-08

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

TITLE MGR ☐ Delete
NAME VIRZI, SALVATORE J
STREET ADDRESS 6957 CYPRESS GARDENS BLVD.
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE MGR ☐ Delete
NAME VIRZI, DANIELLE M
STREET ADDRESS 6957 CYPRESS GARDENS BLVD.
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500137622945
CITY-ST-ZIP 11/04/08--01038--003 **138.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

Salvatore Virzi 10/30/08

863-585-4024

FILED

2008 NOV 13 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

08/AL