

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000064650

Entity Name: PERDI PROPERTIES LLC

**FILED**  
**Nov 10, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

221 BHANSON HILL DRIVE  
DELAND, FL 32724 US

**New Principal Place of Business:**

**Current Mailing Address:**

221 BHANSON HILL DRIVE  
DELAND, FL 32724 US

**New Mailing Address:**

FEI Number: 26-2970002      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PERDISATTE, KRISTEN  
221 BHANSON HILL DRIVE  
DELAND, FL 32724 US

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

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: KRISTEN PERDISATT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PERDISATT, KRISTEN  
Address: 221 BHANSON HILL DRIVE  
City-St-Zip: DELAND, FL 32724 US

Title: MGRM ( ) Delete  
Name: PERSIDATT, THOMAS  
Address: 221 BHANSON HILL DRIVE  
City-St-Zip: DELAND, FL 32724 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KRISTEN PERDISATT

MGRM

11/10/2009

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