

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000069466

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

**Entity Name:** PUCCI'S DESIGNER CUTS, LLC

**Current Principal Place of Business:**

1854 W COBBLESTONE LANE  
ST AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

**Current Mailing Address:**

1854 W COBBLESTONE LANE  
ST AUGUSTINE, FL 32092 US

**New Mailing Address:**

FEI Number: 90-0514133      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

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

KOVACH, FRANK E  
1854 W COBBLESTONE LANE  
ST AUGUSTINE, FL 32092 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: FRANK E KOVACH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KOVACH, FRANK  
Address: 1854 W COBBLESTONE LANE  
City-St-Zip: ST AUGUSTINE, FL 32092 US

Title: MGRM  
Name: KOVACH, TERESA M.  
Address: 1854 W COBBLESTONE LANE  
City-St-Zip: ST AUGUSTINE, FL 32092 US

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: FRANK E KOVACH

PRES

03/26/2010

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