

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000069466

**FILED**  
**Oct 08, 2013**  
**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 ( )**

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

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

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

**Title:** MGRM  
**Name:** KOVACH, TERESA M. KOVACH  
**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 KOVACH

MGRM

10/08/2013

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