

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000085844

Entity Name: CHERVENKO LLC

**FILED**  
**Oct 14, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3707 ANDOVER CAY BLVD  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

3707 ANDOVER CAY BLVD  
ORLANDO, FL 32825 US

**New Mailing Address:**

1142 WILLOW BRANCH DR  
ORLANDO, FL 32828 US

FEI Number: 26-3322422      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:**

CHERVENKO, LOGAN M  
3707 ANDOVER CAY BLVD  
ORLANDO, FL 32825 US

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

CHERVENKO, LOGAN M  
1142 WILLOW BRANCH DR  
ORLANDO, FL 32828 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: LOGAN CHERVENKO

10/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHERVENKO, LOGAN M  
Address: 3707 ANDOVER CAY BLVD  
City-St-Zip: ORLANDO, FL 32825 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CHERVENKO, LOGAN M  
Address: 1142 WILLOW BRANCH DR  
City-St-Zip: ORLANDO, FL 32828 US

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: LOGAN CHERVENKO

MGR

10/14/2009

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