

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000032423

Entity Name: SAMUELS AUTO REPAIR LLC

**FILED**  
**Oct 13, 2014**  
**Secretary of State**

## **Current Principal Place of Business:**

1209 OLD HOPEWELL RD  
BLDG # C-10  
TAMPA, FL 33619

## **New Principal Place of Business:**

## **Current Mailing Address:**

P O BOX 77395  
TAMPA, FL 33675 US

## **New Mailing Address:**

1209 OLD HOPEWELL RD  
BLDG # C-10  
TAMPA, FL 33619

FEI Number: 90-0544967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KELLY, LARHOHDA  
1209 OLD HOPEWELL RD  
BLDG # C-10  
TAMPA, FL 33619 US

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

SAMUELS, MANTON  
1209 OLD HOPEWELL RD  
BLDG # C-10  
TAMPA, FL 33619 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: M SAMUELS

10/13/2014

Electronic Signature of Registered Agent

Date

## **AUTHORIZED PERSONS:**

Title: MGR  
Name: SAMUELS, MANTON MR  
Address: 1209 OLD HOPEWELL RD BLDG #C-10  
City-St-Zip: TAMPA, FL 33619 US

Title: SEC  
Name: SAMUELS, TAMEIKA  
Address: 2006 E WOOD ST  
City-St-Zip: TAMPA, FL 33619 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: M SAMUELS

MGR

10/13/2014

Electronic Signature of Authorized Person

Date