

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000036528

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** DECANTED, LLC

**Current Principal Place of Business:**

28812 WINTHROP CIRCLE  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

1410 PINE RIDGE RD  
STE 21  
NAPLES, FL 34108 US

**Current Mailing Address:**

28812 WINTHROP CIRCLE  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

1410 PINE RIDGE RD  
STE 21  
NAPLES, FL 34108 US

FEI Number: 26-4693662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LAW OFFICE OF JOHN C. GOEDE, P.A.  
9915 TAMIAMI TRAIL N  
SUITE 1  
NAPLES, FL 34108 US

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

FIALKOVICH, ALBERT W III  
1410 PINE RIDGE RD  
STE 21  
NAPLES, FL 34108 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: ALBERT FIALKOVICH

10/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FIALKOVICH, ALBERT III  
Address: 1320 BLUE POINT AVE #11  
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM  
Name: PALMER, JESSICA  
Address: 1320 BLUE POINT AVE #11  
City-St-Zip: NAPLES, FL 34102 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: ALBERT FIALKOVICH

MGRM

10/04/2010

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