

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000072478

**FILED**  
**Oct 18, 2011**  
**Secretary of State**

**Entity Name:** ORIGINAL TRICKS N TREATS, LLC

**Current Principal Place of Business:**

1520 CURLEW AVE  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

1520 CURLEW AVE  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:** 27-1465757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCAFIDI, RICHARD S JR.  
1520 CURLEW AVE  
NAPLES, FLORIDA, FL 34102 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: RICHARD SCAFIDI

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCAFIDI, RICHARD  
Address: 1520 CURLEW AVE  
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM  
Name: ENGLISH, THOMAS  
Address: 1520 CURLEW AVE  
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM  
Name: LANG, PETER  
Address: 1520 CURLEW AVE  
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM  
Name: LANG, MICHELLE  
Address: 1520 CURLEW AVE  
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: RICHARD SCAFIDI

PRES

10/18/2011

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