

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000084061

**Entity Name:** BLUE FLAME CANDLES LLC

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

115 EVERGLADES BLVD  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

115 EVERGLADES BLVD  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 27-0885756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CATALDO, LONEE  
115 EVERGLADES BLVD  
STUART, FL 34994 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:** LONEE CATALDO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CATALDO, LONEE  
**Address:** 115 EVERGLADES BLVD  
**City-St-Zip:** STUART, FL 34994

**Title:** MGRM  
**Name:** CATALDO, RONALD  
**Address:** 115 EVERGLADES BLVD  
**City-St-Zip:** STUART, FL 34994

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:** LONEE CATALDO

MGRM

02/03/2011

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