

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000098356

**FILED**  
**Dec 06, 2010**  
**Secretary of State**

**Entity Name:** ITALIAN RAPS, L.L.C.

**Current Principal Place of Business:**

3249 WEST CYPRESS ST  
SUITE B  
TAMPA, FL 33607 US

**New Principal Place of Business:**

2610 SOUTH DUNDEE STREET  
TAMPA, FL 33629 US

**Current Mailing Address:**

3249 WEST CYPRESS ST  
SUITE B  
TAMPA, FL 33607 US

**New Mailing Address:**

2610 SOUTH DUNDEE STREET  
TAMPA, FL 33629 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

SZELEST, VIRGINIA  
2610 S. DUNDEE ST.  
TAMPA, FL 33629 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: VIRGINIA SZELEST

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SZELEST, VIRGINIA  
Address: 2610 S. DUNDEE ST.  
City-St-Zip: TAMPA, FL 33629 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: VIRGINIA SZELEST

PRES

12/06/2010

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