

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000112986

**FILED**  
**Aug 22, 2011**  
**Secretary of State**

**Entity Name:** SOPHIA'S RISTORANTE ITALIANO, LLC

**Current Principal Place of Business:**

3545 PINE RIDGE ROAD  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

3545 PINE RIDGE ROAD  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 27-1371706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CHERR, JAY  
3545 PINE RIDGE ROAD  
NAPLES, FL 34108 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:** JAY CHERR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CHERR, JAY  
**Address:** 3545 PINE RIDGE ROAD  
**City-St-Zip:** NAPLES, FL 34108 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:** JAY CHERR

MGRM

08/22/2011

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