

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000074130

**FILED**  
**Feb 07, 2013**  
**Secretary of State**

**Entity Name:** RICCIARDI'S HEATING & AIR CONDITIONING LLC

**Current Principal Place of Business:**

1771 SW MACKENZIE STREET  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

1171 SW MACKENZIE STREET  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

1771 SW MACKENZIE STREET  
PORT ST. LUCIE, FL 34953

**FEI Number:** 27-3050325

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JAKUBIAK, ELIZABETH CPA  
308 TEQUESTA DRIVE  
#9  
TEQUESTA, FL 33469 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:** ELIZABETH JAKUBIAK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RICCIARDI, CHRIS  
**Address:** 1771 SW MACKENZIE STREET  
**City-St-Zip:** PORT ST. LUCIE, FL 34953

**Title:** MGRM  
**Name:** RICCIARDI, RUTH  
**Address:** 1771 SW MACKENZIE STREET  
**City-St-Zip:** PORT ST. LUCIE, FL 34953

**Title:** MGRM  
**Name:** BENIGNO, MICHAEL A  
**Address:** 7928 SE SUGAR PINES WAY  
**City-St-Zip:** HOBE SOUND, FL 33455

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:** CHRIS RICCIARDI

MGRM

02/07/2013

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