

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000117326

**FILED**  
**Sep 23, 2013**  
**Secretary of State**

**Entity Name:** SHAYPWEAR LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

3769 BELLE VISTA DR. E.  
ST. PETE BEACH, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

3769 BELLE VISTA DR.E.  
ST.PETE BEACH, FL 33706 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLLENBACK, KRIS  
3769 BELLE VISTA DR.E.  
ST.PETE BEACH, FL 33706 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: KRIS HOLLENBACK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MURRAY, NEVAR B  
Address: 3769 BELLE VISTA DR.E.  
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: MGR  
Name: HOLLENBACK, KRIS  
Address: 3769 BELLE VISTA DR.E.  
City-St-Zip: ST. PETE BEACH, FL 33706 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: KRIS HOLLENBACK

MGR

09/23/2013

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