

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000142168

**FILED**  
**Nov 12, 2013**  
**Secretary of State**

**Entity Name:** CATER TOO YOU MULTI-SVC LLC

**Current Principal Place of Business:**

1129 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

18176 NW 2ND AVE  
MIAMI GARDEN, FL 33169

**Current Mailing Address:**

P O BOX 267233  
WESTON, FL 33327

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

XAVIER, SHALANDA S  
1129 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33162 US

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

BUSINESS, SHAY  
18176 NW 2ND AVE  
MIAMI GARDEN, FL 33169 US

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: SHAY BUSINESS

11/12/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: XAVIER, SHALANDA  
Address: 18176 NW 2ND AVE  
City-St-Zip: MIAMI GARDEN, FL 33169

Title: MGRM  
Name: GERVE, FLAVIE  
Address: P O BOX 267233  
City-St-Zip: WESTON, FL 33326

Title: MGRM  
Name: LOUIS, STEPHAN  
Address: P O BOX 267233  
City-St-Zip: WESTON, FL 33326

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: SHALANDA XAVIER

MGR

11/12/2013

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