

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000079656

**FILED**  
**Dec 08, 2014**  
**Secretary of State**

**Entity Name:** A PERFECT BASKET & GIFTS, LLC

**Current Principal Place of Business:**

1233 SE 40TH ST  
CAPE CORAL, FL, 33904 US

**New Principal Place of Business:**

1217 SE 40TH ST  
CAPE CORAL, FL 33904 US

**Current Mailing Address:**

1233 SE 40TH ST  
CAPE CORAL, FL, 33904 US

**New Mailing Address:**

1217 SE 40TH ST  
CAPE CORAL, FL 33904 US

**FEI Number:** 46-2909487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CRUZ, JACQUELINE  
1233 SE 40TH ST  
CAPE CORAL, FL 33904 US

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

CRUZ, JACQUELINE  
1217 SE 40TH ST  
CAPE CORAL, FL 33904 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: JACQUELINE CRUZ

12/08/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: CRUZ, JACQUELINE  
Address: 1217 SE 40TH ST  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM  
Name: SOTO, VICTOR D  
Address: 1217 SE 40TH ST  
City-St-Zip: CAPE CORAL, FL 33904 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JACQUELINE CRUZ

MGR

12/08/2014

Electronic Signature of Authorized Person

Date