

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 SEP 27 PM 10:37

DOCUMENT # **L13000128526**

1. Limited Liability Company's Name

CAPACCIO TRADING COMPANY, LLC

800290686918
09/27/16--01023--027 **238.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

6081 Silver King Blvd

Suite, Apt. #, etc.

Unit 503

City & State

CAPE CORAL, FL

Zip

33914

Country

USA

3. Mailing Office Address

6081 Silver King Blvd

Suite, Apt. #, etc.

Unit 503

City & State

CAPE CORAL, FL

Zip

33914

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

9/9/2013

6. FEI Number

46-4043975

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name

NICHOLAS JOSEPH CAPACCIO

Street Address (P.O. Box Number is Not Acceptable) Suite,

6081 Silver King Blvd

Apt. #, Etc.

Unit 503

City

CAPE CORAL

State

FL

Zip Code

33914

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/24/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Nicholas Joseph Capaccio	6081 Silver King Blvd, Unit 503	Cape Coral, FL 33914
AR	Ryan Nicholas Capaccio	2014 W. Roscoe Street, Apt 1	Chicago, IL 60618

REINSTATEMENT

2014

11. E-mail Address: **nicholas@c tradingllc.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S.; I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

9/24/16

Daytime Phone #

847-489-9520

Typed or printed name of signing authorized representative/member

Nicholas Joseph Capaccio