

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000153663

Entity Name: FATOS DELIVERY LLC

**FILED**  
**Oct 05, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

589 CIRCLE DR W  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

589 CIRCLE DR W  
LARGO, FL 33770

**New Mailing Address:**

FEI Number: 46-4191464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BODE, FATOS  
589 CIRCLE DR W  
LARGO, FL 33770 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: FATOS BODE

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: BODE, FATOS  
Address: 589 CIRCLE DR W  
City-St-Zip: LARGO, FL 33770

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: FATOS BODE

RA

10/05/2014

Electronic Signature of Authorized Person

Date