

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

2021 JUL 13 PM 12:407

DOCUMENT # **215000157313**

1. Limited Liability Company's Name

**Biff Burger and Buffy's BBQ LLC**

**700369888857**  
07/13/21--01015--001 \*\*238.75

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

**3939 49th Street North**

3. Mailing Office Address

**3939 49th Street North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg, FL**

Zip

**33709**

Country

**USA**

Zip

**33709**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**William D. Slicker**

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

**5505 38th Avenue North**

Apt. #, Etc.

City

**St. Petersburg**

State

**FL**

Zip Code

**33710**

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

*William D. Slicker*

REGISTERED AGENT MUST SIGN

Date

**8 July 2021**

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	Marius F. Prezioso	4126 23rd Avenue North	St. Petersburg, FL 33713
MGR	Raphael Prezioso	7974 Sailboat Key Blvd, #406	S. Pasadena, FL 33707
MGR	D'Anne Prezioso	7974 Sailboat Key #406	S. Pasadena, FL 33707
<b>REINSTATEMENT</b>			
<b>JUL 13 2021</b>			
<b>R. HUNT</b>			

11. E-mail Address

(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

*Raphael Prezioso*

Date

**7/8/21**

Daytime Phone #

**202-512-1602**

Typed or printed name of signing authorized representative/member