

DOCUMENT # L98000001224

1. Entity Name

TOASTY TOES L.L.C.

\* REINSTATEMENT \* 2000-2001 \*

FILED

MAY 30 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
1857 Wells Rd., Ste 200  
Orange Park, FL 32073-2340  
Mailing Address  
1857 Wells Rd., Ste 200  
Orange Park, FL 32073-2340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3530976

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Nichols, Charles T.  
1857 Wells Rd., Ste 200  
Orange Park, FL 32073-2340

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. 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

Signature, typed or printed name of registered agent and title if applicable.

Charles T. Nichols

(NOTE: Registered Agent signature required when reinstating)

04/06/2001

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Nichols, Charles T.  
1857 Wells Rd., Ste 200  
Orange Park, FL 32073-2340 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Richardson, Heath  
1857 Wells Rd., Ste 200  
Orange Park, FL 32073-2340 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
**REINSTATEMENT**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
500004433195--2  
-06/20/01--01085--023TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
\*\*\*200.00= \*\*\*200.00TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
2000-2001TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Charles T. Nichols

04/06/2001

Date

904-264-3036

Daytime Phone #

CR2E083 (11/00)