

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L99000002467

1. Entity Name
PRAHA FINANCIAL CONSULTING LC



FILED
05 JUL -1 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1333 N DUVAL ST
TALLAHASSEE, FL 32302

Mailing Address
1333 N DUVAL ST
TALLAHASSEE, FL 32302

04



2. Principal Place of Business

3. Mailing Address

06302005 REIN-LLC CR2E101 (6/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
1300 N DUVAL ST
TALLAHASSEE, FL 32302

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/05

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
STERLING MANAGERS LIMITED
PO BOX 362 ROAD TOWN
TORTOLA BVI, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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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

Date

Daytime Phone #

Janet M. Caruccio, auth rep. 6-3005 302-421-57

Dissolved
10/1/04

L99000002467

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 07-01-05

NAME: PRAHA FINANCIAL CONSULTING, LC

TYPE OF FILING: REINSTATEMENT

COST: \$200 + \$5.00 = \$ 205.00

RETURN: GOOD STANDING

FILED
05 JUL -1 AM 8:39
RECEIVED
05 JUL -1 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Attorney