

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M05000000840

1. Entity Name  
PAUL CIMINI, LLC



FILED

07 SEP 26 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
10708 PRESERVE LAKE DRIVE, APT 201  
TAMPA, FL 33626

Mailing Address  
10708 PRESERVE LAKE DRIVE, APT 201  
TAMPA, FL 33626

2. Principal Place of Business - No P.O. Box #

89 REDWOOD DR

3. Mailing Address

89 REDWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL

City & State

SAFETY HARBOR, FL

Zip

34695

Country

USA

Zip

34695

Country

USA

09122007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

20-1601056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CIMINI, PAUL  
10708 PRESERVE LAKE DRIVE, APT 201  
TAMPA, FL 33626

89 REDWOOD DR  
SAFETY HARBOR, FL 34695

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

Paul Cimini PAUL Cimini

9-19-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME CIMINI, PAUL  
STREET ADDRESS P.O. BOX 1623  
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Paul Cimini PAUL Cimini 9/19/07 401-465-9057

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

Date

Daytime Phone #