

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M05000002790

1. Entity Name
MAGNAN GRAIZZARO & ASSOCIATES CPAS, LLC



FILED

07 OCT 30 PM 12:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
120 WALL STREET, 30TH FLOOR
NEW YORK, NY 10005

Mailing Address
120 WALL STREET, 30TH FLOOR
NEW YORK, NY 10005

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052007 REIN-LLC

CR2E101 (1/07)

4. FEI Number
13-4099860

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FREELY, ROBERT
4957 LAKE VALENCIA BLVD. EAST
PALM HARBOR, FL 34684

Name

Street Address (P.O. Box Number is OK)

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

SIGNATURE

Robert Freely

ROBERT FREELY, PRINCIPAL

10/26/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MAGNAN, LOUIS D
STREET ADDRESS 120 WALL ST., 30TH FL.
CITY-STATE-ZIP NEW YORK, NY 10005

TITLE MGR ☐ Delete
NAME GRAIZZARO, BRUNO J
STREET ADDRESS 87 SUMMER ST., 5TH FL.
CITY-STATE-ZIP BOSTON, MA 02110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500110609865
CITY-STATE-ZIP 10/11/07--01006--005 **150.00

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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

[Signature]

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

Date

10-9-07

Daytime Phone #

REINSTATEMENT