

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M99000001102

1. Entity Name  
LURIA IMPROVEMENTS, LLC



Principal Place of Business  
C/O DLC  
580 WHITE PLAINS RD  
TARRYTOWN, NY 10591

Mailing Address  
C/O DLC  
580 WHITE PLAINS RD  
TARRYTOWN, NY 10591

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242006 REIN-LLC CR2E101 (11/05)

4. FEI Number  
52-2177330

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 E PARK AVE  
TALLAHASSEE, FL 32301

Name  
NRAI Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
2731 Executive Park Dr  
Suite 4  
City  
Weston FL Zip Code  
33331

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

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JIT PACKAGE PARTNERS, LLC  
580 WHITE PLAINS RD  
TARRYTOWN, NY 10591 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900067314689  
03/07/06--01029--020 \*\*200.00 ☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Date

Daytime Phone #

Luria Improvements, LLC  
At: JIT Package Partners, LLC

Adam Itshin, Manager

(914) 631-3131

FILED

2006 FEB 24 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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REINSTATEMENT 2005-2006