

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000036877

FILED
Nov 18, 2009
Secretary of State

Entity Name: FLORIDA & OVERSEAS PROPERTIES, LLC

Current Principal Place of Business:

9286 N. CHELSEA DRIVE
PLANTATION, FL 33324

New Principal Place of Business:

8551 WEST SUNRISE BLVD
105
PLANTATION, FL 33322

Current Mailing Address:

10923 NW 18 PLACE
PLANTATION, FL 33322

New Mailing Address:

8551 WEST SUNRISE BLVD
105
PLANTATION, FL 33322

FEI Number: 20-1121116 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PATRICK VIVIES CPA
700 E. DANIA BEACH BLVD.
DANIE, FL 33004 US

Name and Address of New Registered Agent:

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: PATRICK VIVIES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BONDRILLE, FRANCK
Address: 9286 CHELSEA DRIVE
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: CICO, BENEDETTO
Address: 201 STUYVESANT DRIVE
City-St-Zip: SAN ANSELMO, CA 94960

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANCK BONDRILLE

MGR

11/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date