


L04000086828

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 SEP 16 AM 11:05

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000086828**

1. Limited Liability Company's Name
LDC Central Florida Ventures, LLC

800185507338
09/16/10--01003--001 **\$16.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
550 Biltmore Way

Suite, Apt. #, etc.
Suite 1110

City & State
Coral Gables

Zip
33145

Country
Miami-Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
12-02-2004

6. FEI Number
20-1950918

Applied For
 Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Rosa Eckstein Schechter

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

Suite, Apt. #, Etc.
Suite 1110

City
Coral Gables,

State
FL

Zip Code
33145

[Handwritten Signature]

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* Date **9/14/2010**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Rodolfo Stern	550 Biltmore Way	Coral Gables, FL 33134
Manager	Eduardo Stern	550 Biltmore Way	Coral Gables, FL 33134
Manager	Roberto Horwitz	550 Biltmore Way	Coral Gables, FL 33134
Manager	David Serviansky	550 Biltmore Way	Coral Gables, FL 33134

REINSTATEMENT 2004-2010

11. E-mail Address: **cd@landstardevelopment.com** (To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *[Signature]* Date **9/14/2010** Daytime Phone # **(305) 447-7495**

Typed or printed name of signing Managing Member/Manager _____