

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 SEP 16 AM 11:05

DOCUMENT # **L04000086828**

1. Limited Liability Company's Name

LDC Central Florida Ventures, LLC

800185507338
09/16/10--01003--001 **516.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 550 Biltmore Way		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 1110		Suite, Apt. #, etc.	
City & State Coral Gables		City & State	
Zip 33145	Country Miami-Dade	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

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **9/14/2010**

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

[Handwritten Signature]

Date **9/14/2010**

Daytime Phone # **(305) 447-7495**

Typed or printed name of signing Managing Member/Manager