

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000002510

Entity Name: REPOSE HOSPITALITY, LLC

FILED
Oct 08, 2007
Secretary of State

Current Principal Place of Business:

2750-350 RACE TRACK RD. #154
ST. JOHNS, FL 32259

New Principal Place of Business:

155 SW PEACOCK BLVD
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

2750-350 RACE TRACK RD. #154
ST. JOHNS, FL 32259

New Mailing Address:

FEI Number: 65-0986968 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:

PATEL, DHIRENDRA N
155 SW PEACOCK BLVD
PORT SAINT LUCIE, FL 34986 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: DHIRENDRA N PATEL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PATEL, DHIRENDRA N
Address: 155 SW PEACOCK BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: MGRM () Delete
Name: PATEL, BALVANTRAI G
Address: 11101-1 ST. AUGUSTINE RD, #192
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: PATEL, BALVANTRAI G
Address: 2750-305 RACETRACK ROAD, #305
City-St-Zip: ST JOHNS, FL 32259

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: DHIRENDRA N PATEL

MGR

10/08/2007

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