

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000005079

1. Entity Name
FORMOSO CAPITAL MANAGEMENT, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 27 AM 11:17

Principal Place of Business
261 EAGLE ESTATE DRIVE
DEBARY, FL 32713

Mailing Address
261 EAGLE ESTATE DRIVE
DEBARY, FL 32713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09192006 REIN-LLC CR2E101 (11/05)

4. FEI Number
59-3643006

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

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32115-2491

Name
Giacinto Formoso

Street Address (P.O. Box Number is Not Acceptable)
261 Eagle Estate Drive

City
DeBary

FL

Zip Code
32713

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 company representative)

(NOTE: Registered Agent signature required when reinstating)

9-19-06

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FORMOSO, GIACINTO
261 EAGLE ESTATE DRIVE
DEBARY, FL 32713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400080458964
10/04/06--01033--017 ***55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FORMOSO, VITA
261 EAGLE ESTATE DRIVE
DEBARY, FL 32713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FORMOSO, VITA TRUSTEE
261 EAGLE ESTATE DRIVE
DEBARY, FL 32713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 typed or printed name of signing managing member, manager, or authorized representative)

DATE

9-19-06

7-11-06

4788-431-988

4788-431-988