

2002 JUNE 10 10 00 00 6981

DOCUMENT # L01000006981

1. Entity Name

VALDIA DEVELOPMENT GROUP, L.L.C.

FILED  
Feb 14, 2003 8:00 A.M.  
Secretary of State

Principal Place of Business  
1230 STILLWATER DRIVE  
MIAMI FL 33141

Mailing Address  
1230 STILLWATER DRIVE  
MIAMI FL 33141

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 12-9642464  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, HECTOR III ESO  
3211 PONCE DE LEON BLVD.  
SUITE 210  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

100009346451  
02/10/03--01109--015 \*\*100.00  
12/04/02 01033 00

9. MANAGING MEMBERS/MANAGERS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CAVAGNUOLO, DOMINIC<br>1230 STILLWATER DRIVE<br>MIAMI FL 33141  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PARDO, CHRIS<br>1230 STILLWATER DRIVE<br>MIAMI FL 33141         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Dominick Casale<br>2405 Fryer Point<br>Ft. Lauderdale, FL 33305 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 02/10/03--01109--015 **100.00                 | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 02/10/03--01109--015 **100.00                 | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 100009346451<br>02/10/03--01109--015 **100.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addit |

REINSTATEMENT 02

Sent 2003 UGR

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Dominick Casale*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/21/02 305-321-3888  
Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

December 6, 2002

VALDIA DEVELOPMENT GROUP, L.L.C.  
1230 STILLWATER DRIVE  
MIAMI, FL 33141

SUBJECT: VALDIA DEVELOPMENT GROUP, L.L.C.  
Ref. Number: L01000006981

We have received your document for VALDIA DEVELOPMENT GROUP, L.L.C. and your check(s) totaling \$50.00. However, the document has not been filed and is being retained in this office for the following:

The filing fee for this reinstatement is \$150.00. We need an additional \$100.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 602A00064848