

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000009510

Entity Name: CHRIVANI, L.L.C.

FILED
Dec 09, 2006
Secretary of State

Current Principal Place of Business:

5685 SOUTH HIGHWAY A1A
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

5685 SOUTH HIGHWAY A1A
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 04-3655640 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:

PERSON, DOUGLASS A
1413 SOUTH PATRICK DRIVE
SUITE 7
INDIAN HARBOUR BEACH, FL 32937 US

Name and Address of New Registered Agent:

GAGNON, MICHAEL C
404 4TH AVENUE
MELBOURNE BEACH, FL 32951 US

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: MICHAEL C. GAGNON

12/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GACCIONE, WALTRAUT
Address: 5865 S. HIGHWAY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: MGR () Delete
Name: GAGNON, NICOLE L
Address: 2207 ATLANTIC STREET #821
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NICOLE GAGNON

MGR

12/09/2006

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